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HEALTH, WELFARE AND LABOUR

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REFERENCE BOOK
FOR
DOMINION-PROVINCIAL CONFERENCE
ON RECONSTRUCTION

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HEALTH, WELFARE AND LABOUR

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FOREWORD

This reference book contains descriptive, factual material concerning various activities of Dominion and provincial governments in the fields of health, welfare and labour; in the case of welfare only Old Age Pensions and Unemployment Relief have been covered. It is intended to provide a convenient source of material for further consideration of these subjects and relevant proposals.

Part I of this volume has been compiled under the direction of the Committee on Health Insurance of which Dr. G. B. Chisholm was Chairman and J. T. Marshall, Secretary. Part II was compiled under the direction of the Committee on Old Age Pensions of which G. F. Davidson was Chairman and J. E. Cyne, Secretary. Parts III, IV and V were compiled by the Dominion Department of Labour under the direction of Eric Stangroom. Part VI has been reproduced from "The Economist" of September 30, 1944.

PART I

PUBLIC HEALTH

1. FOREWORD

The following reference material has been compiled under the direction of the Committee on Health Insurance of which Dr. G. B. Chisholm was Chairman and J. T. Marshall, Secretary. The terms of reference of the Committee requested the preparation of descriptive, factual material giving a picture of the existing division of responsibilities and activities between Dominion and the provinces in the various fields of health services.

The cooperation of the provincial Health Departments in compiling this material is gratefully acknowledged.

All totals for Canada are exclusive of Yukon and The Northwest Territories.

2. DIVISION OF RESPONSIBILITIES

Jurisdiction respecting public health is based upon the British North America Act, 1867, and all health activities are conducted within the limitations of the statutory jurisdiction laid down by that Act. To the Dominion Government was assigned jurisdiction over "quarantine and the establishment and maintenance of marine hospitals" (Sec. 91, ss. 11), and to the provinces "the establishment, maintenance and management of hospitals, asylums, charities and eleemosynary institutions in and for the provinces, other than marine hospitals" (Sec. 92, ss. 7). But the residuary power for public health has been generally accepted as being in the province by virtue of provincial jurisdiction over "property and civil rights in the province" and "generally all matters of a merely local or private nature in the province" (Sec. 92, ss. 13 and 16).

3. GENERAL PUBLIC HEALTH SERVICES

Morbidity statistics are not sufficiently complete to use as an index of the effectiveness of public health measures but mortality statistics for certain diseases although available for the whole of Canada only since 1921, give some indication of the results achieved. The examples following show the improvement which has taken place in recent years and indicate the need for continuous and expanded public health activities.

TYPHOID FEVER

The decrease in the mortality rate from typhoid fever in Canada was from 10 per 100,000 in 1921 to one per 100,000 in 1943. The following table shows the disastrous effect upon the mortality trend of a milk borne epidemic in one city in 1927.

TABLE 1.—MORTALITY RATES—TYPHOID FEVER
CANADA, 1921-1943

(SOURCE: Vital Statistics Branch, Dominion Bureau of Statistics)

Year	Rate per 100,000	Year	Rate per 100,000
1921.....	10.1	1933.....	2.7
1922.....	8.4	1934.....	2.7
1923.....	9.0	1935.....	2.5
1924.....	6.6	1936.....	2.3
1925.....	5.9	1937.....	3.0
1926.....	4.9	1938.....	1.9
1927.....	11.6	1939.....	1.6
1928.....	4.8	1940.....	2.0
1929.....	4.7	1941.....	1.4
1930.....	4.4	1942.....	0.9
1931.....	4.1	1943.....	1.0
1932.....	3.2		

INFANT AND MATERNAL MORTALITY

In recent years a great part of the energy designed to effect a decline in the general death rate has been directed at infant mortality and with a large measure of success. That Dominion, provincial and municipal health authorities, together with private welfare agencies, have all taken part in the struggle to reduce infant mortality is reflected in the figures for the period 1921 to 1943, which show a fairly constant improvement each year. In fact, any fluctuations in the general downward trend have been caused by the presence of epidemic diseases. In 1921 the infant death rate for Canada was 102 per 1,000 live births, while figures for 1943 show the lowest rate since the registration area was established, viz. 54 per 1,000 live births. In other words, over 13,000 young Canadians were added to the population of Canada in 1943 who, under conditions prevailing in 1921, would have died before their first birthday.

Maternal mortality (Chart 1) increased in the first part of the period, but from 1936 to 1943 decreased 50 per cent from the rate of 5.6 to 2.8 per thousand live births. The infant and maternal mortality rates are influenced by provisions for protecting the milk and water supplies, and also by the amount of infant and maternal welfare services, and possibly by the increased hospitalization of the mothers. In 1926, 18 per cent of live births took place in institutions, and in 1943, 55 per cent. In three of the provinces more than 80 per

cent were in institutions in 1943, and in one province, British Columbia, 92 per cent. The percentages are shown in Table 2.

TABLE 2.—LIVE BIRTHS IN INSTITUTIONS IN CANADA BY PROVINCES, 1926 AND 1943

(SOURCE: Vital Statistics Branch, Dominion Bureau of Statistics)

	Per cent in Institutions		Per cent Increase
	1926	1943	
CANADA.....	17.8	54.7	207.3
Prince Edward Island.....	2.7	47.2	1,648.1
Nova Scotia.....	7.3	56.7	676.7
New Brunswick.....	8.5	40.8	380.0
Quebec.....	4.8	17.1	256.3
Ontario.....	24.9	77.1	209.6
Manitoba.....	31.3	81.2	159.4
Saskatchewan.....	22.5	75.2	234.2
Alberta.....	33.5	82.9	147.5
British Columbia.....	48.3	92.1	90.7

Chart No. 2 shows the infant mortality in monthly age periods and demonstrates very strikingly the proportion of deaths which occur during the first month, as compared to the other eleven months of the first year. A comparison with infant mortality and maternal mortality rates in certain other countries (see Charts 3 and 4) shows that Canadian rates have not reached as low figures as those attained by some of the other countries.

COMMUNICABLE DISEASES

The benefits derived from the use of specific serums and vaccines are exemplified in the reduction in both morbidity and mortality from smallpox and diphtheria. From 1921 to 1933 the mortality rate from smallpox was less than one per 100,000 and from 1934 to 1939 was less than 0.1 per 100,000, and there were no deaths in the years 1940 to 1943. In 1924 (first year figures available) there were 2,769 cases reported, and in 1943 only 6 cases. Diphtheria mortality has decreased 91 per cent from a rate of 24 per 100,000 in 1921 to 2.4 in 1943. In 1924 there were 9,039 cases reported; in 1943, 2,804.

The mortality from the four communicable diseases of childhood taken together (diphtheria, scarlet fever, measles and whooping cough) shows a reduction of 83 per cent between 1926 and 1943 (see Chart 5). The rates shown in this chart are for the whole of Canada and thus show the average reduction for all provinces. In some of the provinces the reduction (for example, in diphtheria) has been even more striking. A defection in one province not only spoils the record of Canada as a whole, but prolongs and aggravates the hazards faced by the other provinces.

THE INCREASING LENGTH OF LIFE

The recently calculated life tables for Canada, 1940-1942, show an expectation of life at birth of slightly less than 63 years for males and over 66 years for females.

These represent a considerable increase over the expectation shown in the tables calculated for the three years about the 1931 Census, which show for males less than 60 years expectation of life at birth and for females less than 62 years. This increase of over 3 years in the expectation for males and of $4\frac{1}{2}$ years for females is quite striking, but some caution should be exercised in interpreting it as part of a long-term trend.

Since the expectation at birth was not calculated previous to 1931, it is not possible to make comparisons for the country as a whole over an extended period of time. Comparing 1921 with 1931 for the 1921 Registration Area (all the provinces except Quebec) the expectation at age 5 increased by less than $1\frac{1}{2}$ years for males and less than $2\frac{1}{2}$ years for females. Between 1931 and 1941 in the nine provinces the expectation at age 5 increased by one year for males and about two years for females.

The Canadian rate of increase during the thirties is generally in line with that shown for the United States and the United Kingdom during the longer period for which life tables have been constructed in those countries. In the United Kingdom the first life tables were published for the period 1838-1854 and the expectation of life at birth at that time was, roughly, 40 years for males and 42 years for females. By 1930-1932 this had increased to 59 and 63 years, respectively, making an average increase per decade of approximately 2 years for both males and females. During the course of the present century, however, i.e., from 1901 to 1931, a marked acceleration can be noted, with an average decennial increase of $3\frac{1}{2}$ years in the case of both sexes.

A similar record is presented by the United States life tables calculated since the turn of the century. The life tables for white males 1900-1902 showed 48 years expectation at birth, and that for 1942, 63 years. This increase of 15 years over four decades—an average decennial increase of just under 4 years for white males—corresponds to an increase of about 17 years for white females, or over 4 years per decade.

The decline in deaths has been most important in infancy, youth and early middle years in all three countries, but later age groups have not fared so well. It is a striking fact that the expectation of life of persons 60 years of age and over has not measurably increased during the period for which figures are available in any of the three mentioned countries.

THE EFFECT OF CHANGING AGE DISTRIBUTION

The saving of the lives of children and young adults has radically altered the age-distribution of the general population and among the consequences of this alteration are certain new problems in disease prevention and treatment. More than one-third of all the deaths are due to diseases of the heart and arteries; the number of deaths recorded as cancer has increased; the problems of chronic ailments and the care of the aged require greater consideration.

NEED FOR CONTINUED SERVICES

The mortality rates for certain diseases have diminished remarkably in the whole of Canada, but there is no room for complacency or lessening of public health efforts. The irreducible minimum has not been reached. If rates were available for individual areas, the record

would not be satisfactory everywhere. Further improvement is necessary in rural sanitation and the achievements reached by some areas should hold for all Canada. Even in the areas where the rates are low, constant vigilance should be maintained. In any locality a break in the control of water or milk may mean a return of the typhoid fever rates that obtained twenty years ago, and smallpox of the most virulent type may spread among the unvaccinated.

DOMINION ACTIVITIES

Department of National Health and Welfare

From Confederation until the year 1872 Dominion health activities were under the control of the Department of Agriculture. Later, the administration was divided among the Departments of Marine and Fisheries, Agriculture and Inland Revenue. Operating under the Conservation Commission was the National Council on Health, which advised the Federal and Provincial Governments on matters relating to public health. Various National organizations interested in health matters passed resolutions and memorialized the Government for the creation of a Department of Health, and on numerous occasions a motion was introduced into the House of Commons "for a select standing committee on the subject of vital statistics and public health". In 1919 the Federal Department of Health was created by Act of Parliament, and in 1928 this Department was merged with the Department of Soldiers' Civil Re-establishment to create the Department of Pensions and National Health. In 1944 the latter department was dissolved and the new Department of National Health and Welfare was created.

Divisional Activities

National health activities carried on through the following divisions include:

1. *Food and Drugs*

Administration of the Food and Drugs Act and Regulations.

2. *Proprietary or Patent Medicine*

The control of proprietary or patent medicines.

3. *Quarantine, Immigration Medical and Sick Mariners' Services*

Prohibiting the entry of diseased and defective immigrants—quarantine control of all vessels entering Canada—treatment of sick mariners at the various ports in Canada.

4. *Child and Maternal Hygiene*

Conservation of child life and the promotion of child and maternal welfare.

5. *Industrial Hygiene*

Developing the health and welfare of industrial workers, carrying on research and providing leadership.

6. *Public Health Engineering*

Investigation of water supplies on common carriers engaged in international and interprovincial trade—carrying out duties as directed by the International Joint Commission in respect of the pollution of boundary waters—sanitary surveys of shellfish areas.

7. *Information Services*

Public health education by means of radio, literature, posters, etc.

8. *Narcotic Drugs*

Supervision of the importation, manufacture and sale of narcotic drugs.

9. *Medical Investigation (Conservation of Health of Civil Servants)*

Supervision of sick leave and medical examination of civil servants.

10. *Laboratory of Hygiene*

Control of the importation, manufacture and sale of biological preparations and certain potent drugs.

11. *Nutrition Services*

Studies and research in the field of nutrition.

12. *Venereal Disease Control*

Promotion of the national programme of venereal disease control—coordinating the civilian venereal disease control measures with those of the armed forces.

13. *International Health*

- (i) Signatory to the International Convention of Paris, 1926—Implementing quarantine regulations and provisions of the Convention and signatory to these treaties as amended under authority of United Nations Relief and Rehabilitation Administration, that is, International Sanitary Convention 1944, and International Sanitary Convention for Aerial Navigation, 1944.
- (ii) Membership in the "Office International d'Hygiène publique"—collection and dissemination of information regarding infectious diseases;
- (iii) Membership in the International Union against Cancer and Venereal Diseases;
- (iv) Participation in the International Agreement of Brussels—treatment of seamen suffering from venereal diseases;
- (v) Representation on the Opium Advisory Committee of the League of Nations—control of the importation, manufacture and sale of narcotics;
- (vi) Custodian and distributing centre of biological, vitamin and hormone standards for the League of Nations; and
- (vii) Agreement with the United States Public Health Service—exportation of shellfish and the supervision of water supplies on vessels plying the Great Lakes and on common carriers in international service.

Activities of other Dominion Departments

In addition to the activities of the Department of National Health and Welfare, other Dominion departments are concerned with public health matters. For example—

- (1) Department of Agriculture—inspection of meat, meat products and canned foods for export or interprovincial trade—supervision of production of milk exported to other countries—exclusion

and control of domestic animals suffering from communicable diseases—manufacture, sale and importation of concentrated milk products.

- (2) Department of Mines and Resources—town planning and sanitation within the National Parks—supervision of the health of Indians and Eskimos and maintenance of and assistance to hospitals for their care.
- (3) National Research Council—medical research committees.
- (4) Dominion Bureau of Statistics—compilation, tabulation and publication of vital and public health statistics.

THE DOMINION COUNCIL OF HEALTH

This body is responsible for correlating and coordinating provincial and Dominion public health activities. It comprises the Chief Medical Officer of Health of each of the provinces, one scientific adviser, and four lay persons representing, respectively, labour, agriculture, and women's urban and rural organizations. The Deputy Minister of National Health is chairman.

THE VITAL STATISTICS COUNCIL FOR CANADA

The Council was established to facilitate cooperation between Dominion and provincial governments with respect to the use of vital records and statistics, and to ensure the creation and maintenance of a system that is adequate to meet increasing demands both for Dominion and provincial purposes. The Dominion Statistician is the Chairman and the Council comprises one representative for each province, one for Yukon and the Northwest Territories and the Chiefs of Vital Statistics and Census Branches in the Dominion Bureau of Statistics.

PROVINCIAL DEPARTMENTS OF HEALTH

Provincial health activities are conducted by Departments or Boards of Health. Five provinces, Prince Edward Island, Nova Scotia, Ontario, Saskatchewan and Alberta have separate Departments of Health or Public Health. In New Brunswick the work is carried out through the Department of Health and Social Services; in Quebec through the Department of Health and Social Welfare; in Manitoba through the Department of Health and Public Welfare; and in British Columbia under the Provincial Secretary. Most of the provinces have a Provincial Board of Health, or an equivalent, to act in an advisory capacity, but in British Columbia and Alberta the Board has a more positive role with executive and administrative authority. All provincial departments have supervision over municipal health organizations.

Provincial and Local Health Services

The Provincial Departments of Health are responsible for supervising and maintaining the health of the people in each province. For the purpose of administration the departments are divided into a number of

branches or divisions. In general terms the activities of such branches are as follows:

1. *Vital Statistics*

The collection, publication and distribution of statistics of births, marriages and deaths—issuing certificates—supervision of division offices and preparation of regulations to maintain a system of registration.

2. *Communicable Disease Control*

Regulations for control and prevention of communicable diseases—immunization programme—distribution of biological products.

3. *Public Health Engineering*

Inspection and supervision of water and sewage treatment plants; milk distributing plants; summer and tourist camps.

4. *Industrial Hygiene*

Regulations regarding health hazards in industry.

5. *Tuberculosis Prevention*

Education—operation of stationary and travelling clinics—provision of consultative services—supervision of sanatoria and rehabilitation.

6. *Laboratories*

Bacteriological examination of water, milk and food samples—examination of specimens for diagnosis of communicable diseases—branch laboratories—laboratory service to other divisions.

7. *Venereal Disease Control*

Operation of clinics—provision of consultative services for physicians and health officers.

8. *Cancer*

Operation and supervision of clinics for diagnosis, treatment and research in cancer.

9. *Maternal and Child Hygiene*

Supervision of local programmes to provide adequate medical, nursing, prenatal, obstetrical, and postnatal services, and infant, preschool and school health services.

10. *Mental Hygiene*

Supervision of clinics and provision of diagnostic services—supervision of mental hospitals.

11. *Dental Service*

Educational work and service in outlying areas through travelling clinics.

12. *Public Health Nursing*

Coordinating the nursing programme in local health services—encouraging the employment, by local areas, of public health nurses and supervision of the work.

13. *Health Units*

Provision of adequate local health services—responsibility for all generalized public health services in local areas.

TABLE 3.—SHOWING THE DIVISIONAL ACTIVITIES OF THE PROVINCIAL DEPARTMENTS OF HEALTH

(Source: PROVINCIAL DEPARTMENTS OF HEALTH)

<i>Prince Edward Island</i>	<i>Nova Scotia</i>	<i>New Brunswick</i>
Lieutenant-Governor in Council Minister of Health Deputy Minister of Health Vital Statistics Communicable Disease Control Tuberculosis Control Venereal Disease Control Laboratories Sanitation Public Health Nursing Public Health Education Dental Hygiene Sanatorium Commission Provincial Sanatorium Department of Public Works Provincial Hospital for the Insane	Minister of Health Deputy Minister Central Administration Vital Statistics and Epidemiology Laboratories Venereal Diseases Physical Fitness and Nutrition Sanitary Engineering and Sanitation Health Units Acute Communicable Disease, Tuberculosis and Venereal Diseases Sanitation Public Health Nursing Maternal, Child and School Hygiene Provincial Hospitals Cancer Clinic Victoria General Hospital Nova Scotia Sanatorium Nova Scotia Hospital Inspection of Local Hospitals	Minister of Health Chief Medical Officer and Registrar Vital Statistics Communicable Diseases and Tuberculosis Venereal Diseases Laboratories Sanitation Public Health Nursing Public Health Education School Medical Inspection Health Districts District Medical Officers of Health Sub-District Boards of Health
<i>Quebec</i>	<i>Ontario</i>	<i>Manitoba</i>
Minister of Health and Social Welfare Deputy Minister Assistant Deputy Minister Administration Demography Epidemiology Venereal Diseases Laboratories Sanitary Engineering Public Health Education Industrial Hygiene Mental Hygiene—Insane Asylums Nutrition Publicity Tuberculosis Clinics, Dispensaries, etc. Director of Services Public Health Units and Districts Legal Adviser Medical Service to Settlers Hospital Administration	Minister of Health Deputy Minister & Chief Medical Officer of Health Assistant to Deputy Minister Assistant to Chief Medical Officer Business Office Tuberculosis Prevention Venereal Disease Control Laboratories Sanitary Engineering Public Health Nursing Dental Division Public Health Administration Industrial Hygiene Mental Hygiene and Ontario Hospitals Nurses' Registration Library Division of Maternal and Child Hygiene Public Hospitals	Minister of Health and Public Welfare Deputy Minister Board of Health Director of Health Section of Administration General Administration Statistics and Records Laboratories Health and Welfare Education Administrative Research Section of Environmental Sanitation Public Health Engineering Industrial Hygiene Food and Milk Control Section of Preventive Medical Service Disease Control (including venereal diseases) Maternal and Child Health Public Health Nursing Section of Extension of Health Service Includes Hospitalization Section of Local Health and Welfare Service Advisory Field Staff Local Health Departments Division of Psychiatry Psychiatry Mental Institutions Mental Hygiene
<i>Saskatchewan</i>	<i>Alberta</i>	<i>British Columbia</i>
Minister of Public Health Health Service Planning Commission Council of Public Health Deputy Minister Cancer Commission Administration Vital Statistics Communicable Disease Venereal Disease Control Laboratories Sanitation Public Health Nursing Health Education Physical Fitness and Recreation Medical Services Hospital Administration Mental Hygiene Nutritionist	Minister of Health Provincial Board of Health Deputy Minister of Health General Administration Vital Statistics Communicable Diseases Tuberculosis—Clinics, Sanatoria and Surveys Social Hygiene Provincial Laboratory Sanitary Engineering Public Health Nursing, Maternal and Child Hygiene Public Health Education Dental Hygiene Hospital Inspection Mental Health Entomology—Surveys Cancer Services Institutions Mental Hospitals and Training Schools Central Alberta Sanatorium	Lieutenant-Governor in Council Provincial Board of Health Provincial Secretary Provincial Health Officer Bureau of Administration Division of Vital Statistics Division of Tuberculosis Control Division of Venereal Disease Control Division of Laboratories Division of Public Health Engineering Division of Public Health Education Bureau of Local Health Services Public Health Nursing Local Health Officers Health Units School Medical Services Preventive Dentistry Hospital Administration Provincial Mental Hospitals

Divisional activities of each provincial Department of Health are shown in Table 3.

Some Special Features in Provincial Organization

Prince Edward Island—The island can be considered a full-time health unit, in the sense that the health services for the whole island are administered by the Provincial Department. The city of Charlottetown has a Food Inspector and a Sanitary officer.

Nova Scotia—The province is divided into five Health Districts and a qualified medical health officer is in charge of each—with this organization it has been possible to more completely correlate and standardize work throughout the province. A unique development was the opening in 1942 of a "Kenny" treatment clinic for infantile paralysis.

New Brunswick—The organization for the province is centralized. Under the Minister, the Department is directed by the Chief Medical officer who is also Registrar-General of Vital Statistics. The staff consists of a Director of Laboratories, eleven full-time Medical Health officers, a Director of Public Health Nursing Service and, in addition, a part-time Director of Venereal Disease Clinics. The province assumes all hospital care for poliomyelitis patients.

Quebec—The Department of Health and Social Welfare deals with the administration of all matters concerning health, preventive medicine and social welfare.

Since 1926 the system known as "County Sanitary Units", (Health Units) has been in operation. The purpose of the system is to provide a regular full-time public health service for each county or group of two or three adjoining counties that are included in the scheme. The Sanitary officers of the old districts supervise the few counties not organized into units. Many municipalities, such as Montreal and Quebec, have their own Health Bureaux.

Ontario—The new Division of Public Health Administration is dealing with the setting up of larger units of public health administration, particularly County Health Units. Many county councils are studying the county health plan and it is expected that units will be operating in many sections of the province within a few months. There is no fixed provincial contribution towards the cost of these units, but the province will pay a percentage of the cost. Cities such as Toronto, Hamilton, Windsor and Ottawa have their own health departments. Vital statistics is the responsibility of the Registrar-General's Department.

Manitoba—A new over-riding Division known as the section of Local Health and Welfare Services has been set up. This Division cuts across all the activities of the Department and is responsible for the control of local part-time health officers, the establishment and supervision of local health units, and consultative services to local or municipal Health Departments throughout the province.

Saskatchewan—A Health Services Planning Commission is charged with the task of preparing plans for providing all types of health services and facilities. It is also an advisory and consultative body to local regions wishing to provide such services for their residents.

A Cancer Commission has established consultive diagnostic and treatment clinics for cancer at Regina and Saskatoon. The cancer services, including surgery at either clinic, are given at the expense of the province.

Free treatment for poliomyelitis is available at Saskatoon and Regina.

Alberta—A Division of Public Health Entomology conducts surveys on Rocky Mountain spotted fever and sylvatic plague.

Free treatment in special hospitals is provided for persons suffering from poliomyelitis.

Provision has been made whereby patients, referred to the diagnostic clinics by their own physicians, are treated free of charge, if, after examination, they are found to require X-ray or radium therapy or surgery.

Free hospitalization for maternity patients for a period of twelve days is provided.

In sparsely populated, outlying areas, Provincial District Nurses provide a diversified medical and public health service. These nurses are required to have special qualifications.

British Columbia—The Provincial Health Services are organized as a Branch of the Provincial Secretary's Department.

Different types of local health services have been developed in the province. These include City Health Departments, Health Units, public health nursing services and areas where part-time health officers and school medical inspectors are appointed from the practising physicians.

The consolidation of the local health services in the Greater Vancouver area was particularly significant because it was the first of its kind in North America. A Metropolitan Health Board provides a unified health service for the municipalities of Vancouver, North Vancouver City, North Vancouver District, Richmond, Burnaby, and for the University of British Columbia area.

LOCAL HEALTH SERVICES

Generally speaking, the various provincial public health Acts require the local municipality to appoint a local board of health, a medical officer of health, and such number of sanitary inspectors as is required to enforce the Public Health Act and regulations.

The local board of health is required to control nuisances—which are defined in very broad terms—and to carry out the communicable disease regulations. Most of the other commonly accepted activities of the modern public health department are not due to legal requirements but represent the normal growth of public activities within comparatively recent years.

The larger centres of population in Canada have full-time public health departments. Basically, the programmes of all these departments are much alike. Without going into detail, the scope of the programme can be indicated by a listing of activities.

1. Vital Statistics and Records
2. Communicable Disease Control
3. Food and Milk Control
4. Sanitation and Housing
5. Health Education
6. Maternal, Infant and Child Hygiene (Including Dental Hygiene)

7. Adult Hygiene (including Industrial Hygiene)
8. Laboratory Services
9. School Health Services

The extent to which these services are developed depends upon the budget available. Some of the cities provide their school health services through the Department of Health, others through the Board of Education. The public health nurses participate in many of the local health services.

Complete full-time health services are lacking in many of the smaller towns and rural areas. Public health authorities maintain that this deficiency could be met by the establishment of local health units. A

COSTS OF PUBLIC HEALTH SERVICES

The expenditures of all governments for general public health services for 1943, exclusive of the care of tuberculous and mental patients in institutions, is shown in Table 4. This table does not include the expenditures for hospital care in General Public (Acute Disease) Hospitals.

The item of \$216,000 shown in the Dominion column covers the Venereal Disease Grants, \$194,000, and Vital Statistics transcripts, \$22,000, and is as shown in the Dominion Public Accounts for the fiscal year ended March 31, 1944. These do not coincide with corresponding items in the provincial public accounts due to differ-

TABLE 4.—GENERAL PUBLIC HEALTH EXPENDITURE¹ IN CANADA, 1943

(Source: Dominion-Provincial Conference—Public Finance Statistics)

(thousands of dollars)

	Source of Funds				Total expenditure	Per Capita (dollars)
	Province	Municipalities ²	Dominion	Other		
Prince Edward Island.....	40	4	2	—	46	0.51
Nova Scotia.....	302	96	12	1	411	0.68
New Brunswick.....	144	59	9	—	212	0.46
Quebec.....	1,737	1,078	80	20	2,915	0.84
Ontario.....	2,212	1,756	65	3	4,036	1.03
Manitoba.....	355	390	11	10	766	1.06
Saskatchewan.....	381	220	13	1	615	0.73
Alberta.....	378	149	12	—	539	0.68
British Columbia.....	377	248	12	—	637	0.71
	5,926	4,000	216	35	10,177	0.86
Dominion.....			1,054		1,054	
Grand Total.....	5,926	4,000	1,270	35	11,231	0.95

¹ Excluding amounts for hospital and medical care so far as this was possible from information available.

² Amounts are only approximate and do not include expenditure for sanitation.

health unit is a modern health department staffed by full-time trained public health personnel, responsible for all the generalized public health services in the area they serve.

Sanitation measures, such as the maintenance and operation of sewers and sewage disposal systems, the collection of garbage and the cleaning of streets, are required in the larger urban centres and in more or less degree in the smaller ones, to protect and maintain the health of the residents. The cost of these services falls upon the local taxpayers and while accurate figures of expenditure on this account are not available, an estimate of \$11 million based on the experience in larger cities would appear to be reasonable. This is a field in which much remains to be done in Canada. Many of the medium sized cities have inadequate sewage disposal methods. For instance in the conference on Planning and Development held in Toronto in May, 1944, Professor Alan Coventry stated that in 550 centres of population in Ontario with sewerage systems 385 discharge sewage into adjacent rivers.

ences in fiscal year ends and varying accounting practices.

The item of \$1,054,000 shown in the Dominion column covers the expenditures made by the Health Branch of the Department of Pensions and National Health, excluding Venereal Disease Grants, hospital charges for sick mariners, \$174,000 in 1943-44, special grants to welfare organizations, \$68,000, and expenditure for physical fitness, \$250,000.

Expenditures are incurred by other Dominion Departments on activities of a health nature, for instance:—

- (a) The Administration of Animal Contagious Diseases Act and Meat and Canned Foods Act, including compensation for slaughtered animals amounted to \$2,194,000; and
- (b) The Dominion Bureau of Statistics
 - (i) supplied forms to the provinces for the registration of births, marriages and deaths, \$13,800;

- (ii) paid to the provinces at a rate of 4 cents per transcript, \$22,000;
- (iii) Salaries of clerks to prepare the main statistical tables for the Provincial Vital Statistics Reports \$44,300;
- (iv) Rentals for machinery, cost of stationery, etc. \$17,500.

A total of \$97,500 which does not include the cost of the "Vital Statistics of Canada" at \$6,100.

There are other public health services supplied by the Dominion Departments the costs of which are unknown and cannot be estimated, such as:—

- (a) Under the provisions of the Statistics Act (Canada) the provinces are granted "franking privileges" on
 - (i) all registrations of births, marriages, and deaths,
 - (ii) all notifications of tuberculosis and venereal diseases,
 - (iii) reports of cancer incidence, and
 - (iv) weekly routine reporting of communicable diseases.
- (b) Department of Mines and Resources—the public health costs of town planning and sanitation in the national parks.
- (c) Department of Mines and Resources, (Indian Affairs Branch)—the costs of strictly public health services to Indians and Eskimos, as distinct from other medical services.

SOURCES:

Provincial Departments of Health.
 Department of National Health and Welfare.
 Study of the Distribution of Medical Care and Public Health Services in Canada—The National Committee for Mental Hygiene (Canada), 1939.
 Dominion Bureau of Statistics.

4. TUBERCULOSIS

Thirty thousand Canadians died of tuberculosis in the years 1939 to 1943. It is the seventh cause of death for all ages, first cause for the age group between 15 and 45.

Tuberculosis mortality in Canada decreased steadily up to 1939, when it was approximately 75 per cent lower than it had been in 1900. Accurate figures for the earlier year are not available for Canada as a whole, but on the basis of a study of deaths recorded for Ontario and Quebec, the death rate in 1900 appears to have been at least 200 per 100,000. By 1939 it had fallen to 52·8.

A comparison of tuberculosis death rates in Canada and certain other countries is shown in Chart 6. The Canadian rate is lower than that in Great Britain, but higher than those of the United States, Australia and New Zealand. Like Great Britain, but unlike the other countries shown, Canada has had an increased mortality rate since the outbreak of war. Since 1921 the rate in Canada has declined less sharply than that in the United States.

Mortality rates as published by the Dominion Bureau of Statistics for the years 1928 to 1943 are shown in Table 5.

TABLE 5—DEATH RATES PER 100,000 POPULATION FROM TUBERCULOSIS BY PROVINCES, 1928-43

(SOURCE: Vital Statistics Branch, Dominion Bureau of Statistics)

—	Average 1928-32	Average 1933-37	Average 1938-42	1943
CANADA—				
Total deaths.....	76·4	61·7	52·6	52·3
Indians ¹	658·6	737·3	700·2	757·7
Exclusive of Indians..	70·5	55·0	46·2	45·5
Prince Edward Island—				
Total deaths.....	99·1	76·5	66·9	46·2
Indians ¹	334·4	419·8	454·5	—
Exclusive of Indians..	98·3	75·6	65·8	46·3
Nova Scotia—				
Total deaths.....	105·1	88·6	72·4	68·7
Indians ¹	450·6	349·5	344·1	646·7
Exclusive of Indians..	103·8	87·6	71·4	66·6
New Brunswick—				
Total deaths.....	91·4	80·2	69·3	48·6
Indians ¹	573·4	491·8	488·2	468·3
Exclusive of Indians..	89·5	78·6	67·5	46·8
Quebec—				
Total deaths.....	114·7	92·1	80·4	82·2
Indians ¹	157·6	248·5	321·3	301·8
Exclusive of Indians..	114·5	91·4	79·4	81·3
Ontario—				
Total deaths.....	51·7	37·7	29·4	28·1
Indians ¹	448·7	356·8	330·9	414·7
Exclusive of Indians..	48·4	35·0	26·5	25·1
Manitoba—				
Total deaths.....	61·8	58·6	48·2	52·9
Indians ¹	810·2	1,338·6	1,084·2	1,421·6
Exclusive of Indians..	48·3	35·1	27·5	24·9
Saskatchewan—				
Total deaths.....	39·9	31·1	28·7	29·7
Indians ¹	829·5	775·4	833·4	752·7
Exclusive of Indians..	30·4	21·7	17·0	18·3
Alberta—				
Total deaths.....	55·0	46·0	37·8	37·1
Indians ¹	1,480·4	1,545·1	1,293·0	1,249·7
Exclusive of Indians..	35·0	24·6	18·5	18·2
British Columbia—				
Total deaths.....	91·8	77·1	67·9	68·1
Indians ¹	704·6	833·5	786·2	856·8
Exclusive of Indians..	68·3	51·8	45·9	46·2

¹ Halfbreeds and non-ward Indians included with Indians.

Death rates were highest in the Maritime Provinces, Quebec and British Columbia, lowest in the Prairie Provinces and Ontario.

Mortality from tuberculosis has decreased in all provinces, especially in the case of the non-Indian population. However, this reduction has not been uniformly great in all provinces.

Statistics for 1928 and 1943 clearly indicate the change. Table 6 shows Canadian and provincial death rates for these years, with the percentage of reduction or increase, for the total population, population excluding Indians, and Indians.

Reduction in deaths, exclusive of Indians, has been least in Quebec, Nova Scotia and British Columbia, and these provinces have the highest death rates.

The Indian rates are of interest because little change has taken place in the general situation. The Indian death rate has continued to increase in the country, as a whole. Three provinces show some reduction, the most significant being in Ontario and Saskatchewan, where the preventive programmes have been in operation longest, and where Indian deaths have been reduced 15 and 10 per cent respectively.

Both the actual death rates and the extent to which they have been reduced in the various provinces appear to be related to the availability of treatment facilities, both in terms of sanatorium accommodation and provisions for meeting the costs of care.

SANATORIUM REQUIREMENTS

The distribution of facilities for the hospitalization of tuberculous patients, and the extent of care provided is shown in Table 7.

On the basis of the recognized standard minimum requirement of three beds per death, Canada is still short of sanatorium accommodation to treat all tuberculous patients who require care.

This is shown in Table 8, which compares available beds and standard requirements for white and Indian groups.

Greatly increased expenditure is necessary to meet Canadian requirements. This is particularly true in

those provinces which have a high death rate and where reduction in tuberculosis mortality has been relatively slight. In these provinces, proportionately greater increases are required to bring the number of sanatorium beds up to minimum standards.

The need for increased sanatorium accommodation may be illustrated by the province of Quebec, where the average death rate for 1938-1942 was 80.4, the reduction in non-Indian deaths between 1928 and 1943 was only 32 per cent, and 4,280 sanatorium beds are required. This contrasts with the situation in Ontario, where the minimum rate of three beds per death has been obtained, and where tuberculosis mortality, exclusive of Indians, was reduced 53 per cent between 1928 and 1943. Average rate based on all tuberculosis deaths in Ontario in 1938-1942 was only 29.4.

Further indication of the need for increased treatment facilities is found in the relation between deaths attributed to tuberculosis and average sanatorium population. This is shown in Table 9.

The three provinces with the lowest death rates, Saskatchewan, Alberta and Ontario, all show high average sanatorium population compared with average number of deaths, while provinces with high death rates had a relatively smaller number of sanatorium cases compared with tuberculosis deaths.

TABLE 6—TUBERCULOSIS MORTALITY RATES BY PROVINCES, 1928 AND 1943

(SOURCE: Vital Statistics Branch, Dominion Bureau of Statistics)

	Total Deaths			Deaths exclusive of Indians			Deaths of Indians			
	1928	1943	Per cent reduction	1928	1943	Per cent reduction	1928	1943	Per cent	
									Reduction	Increase
CANADA.....	81.0	52.3	35.43	75.6	45.5	39.81	614.8	757.7		23.24
Prince Edward Island.....	113.6	46.2	59.33	114.0	46.3	59.39	—	—		
Nova Scotia.....	112.2	68.7	38.77	111.1	66.6	40.05	437.9	646.7		47.68
New Brunswick.....	101.7	48.6	52.21	100.2	46.8	53.29	498.1	468.3	5.98	
Quebec.....	119.7	82.2	31.33	119.5	81.3	31.97	166.8	301.8		80.94
Ontario.....	56.4	28.1	50.18	52.9	25.1	52.55	486.8	414.7	14.81	
Manitoba.....	61.0	52.9	13.28	50.7	24.9	50.89	633.9	1,421.6		124.26
Saskatchewan.....	44.8	29.7	33.71	35.2	18.3	48.01	837.3	752.7	10.10	
Alberta.....	51.8	37.1	28.38	37.0	18.2	50.81	1,123.5	1,249.7		11.23
British Columbia.....	100.2	68.1	32.04	75.1	46.2	38.48	736.1	856.8		16.40

TABLE 7.—TUBERCULOSIS HOSPITALS, BY PROVINCES, 1939 AND 1943
(Source: Institutional Branch, Dominion Bureau of Statistics)

	1939					1943					Per cent increase			
	Number of hospitals	Bed capacity	Patient days	Daily average population	Number of hospitals	Bed capacity	Patient days	Daily average population	Number of hospitals	Bed capacity	Patient days	Daily average population	Number of hospitals	Bed capacity
CANADA.....	65	10,160	3,394,975	9,379	79	11,319	3,795,007	10,397	21.5	11.4	11.8	10.9	21.5	11.4
Prince Edward Island.....	1	80	24,282	67	1	89	31,427	86	—	11.3	29.4	28.4	—	11.3
Nova Scotia.....	9	554	181,861	515	10	696	229,132	628	11.1	25.6	26.0	21.9	11.1	25.6
New Brunswick.....	3	525	179,883	493	3	548	198,029	542	—	4.4	10.1	9.9	—	4.4
Quebec.....	22	2,739	865,748	2,464	27	3,347	1,102,437	3,020	22.7	22.2	27.3	22.6	22.7	22.2
Ontario.....	13	3,612	1,205,764	3,302	14	3,641	1,226,989	3,361	7.7	0.8	1.8	1.8	7.7	0.8
Manitoba.....	5	853	260,943	714	8	888	274,016	751	60.0	4.1	5.0	5.2	60.0	4.1
Saskatchewan.....	3	740	296,713	803	4	822	291,478	799	33.3	11.1	—1.8	—0.5	33.3	11.1
Alberta.....	4	399	139,136	381	5	430	147,738	405	25.0	7.8	6.2	6.3	25.0	7.8
British Columbia.....	5	658	240,645	640	7	858	293,761	805	40.0	30.4	22.1	25.8	40.0	30.4

TABLE 8—SANATORIUM REQUIREMENTS

(On basis of 3 beds per death)

	White population				Indian population			
	Deaths 5-year average (1939-43)	Total beds required	Beds available	New beds required	Deaths 5-year average (1939-43)	Total beds required	Beds available	New beds required
CANADA.....	5,227	15,669	11,287	6,306	775	2,325	719	1,606
Prince Edward Island.....	55	165	165 ¹	—	1	3	—	—
Nova Scotia.....	405	1,215	695	520	8	24	—	54
New Brunswick.....	280	840	548	292	9	27	—	—
Quebec.....	2,640	7,920	3,640	4,280	47	141	—	141
Ontario.....	964	2,892	3,614	450 ²	114	342	35	307
Manitoba.....	198	594	795	—	160	480	266 ⁴	214
Saskatchewan.....	152	456	755	—	100	300	60	240
Alberta.....	153	459	411	300 ³	146	438	13	425
British Columbia.....	376	1,128	664	464	190	570	345	225

¹ This includes the new 75-bed unit at Charlottetown, to be opened for use October 1, 1945.² These beds required in northern part of the province where bed ratio is low.³ 100 new and 200 replacements.⁴ This includes the new 150-bed hospital at The Pas, which has been taken over by the Dominion from the United States Army. While it is not yet in use for the treatment of tuberculous Indians, its capacity may be deducted from the total of new beds required.

In Ontario the daily average sanatorium population was 3,361, and there was an average of 964 white and 114 Indian deaths. In Quebec the average population in tuberculosis hospitals in 1943 was 3,020, but deaths in that province averaged 2,640 (white) and 47 (Indian).

MEETING COSTS OF TREATMENT

Opportunity to benefit from sanatorium treatment for tuberculosis may be limited by provisions for meeting the costs of care. If there is no financial obstacle to hinder admission to the sanatorium the patient is most

likely to receive prompt and adequate treatment, and his opportunities for rehabilitation enhanced because his family is not impoverished by meeting the costs of protracted illness.

There has been a trend towards free treatment of tuberculosis in Canada, which has increased in importance as experience has shown such provision to be a decisive factor in the more efficient control of the disease. Free treatment has been in effect in Saskatchewan since 1929 and in Alberta since 1935. These provinces, along with Ontario, have the lowest tuberculosis death rates in Canada. More recently free care for tuberculous patients has been provided in Manitoba and New Brunswick, the latter province having initiated its free treatment programme at January 1, 1945.

TABLE 9.—DEATHS FROM TUBERCULOSIS COMPARED WITH AVERAGE SANATORIUM POPULATION

	Average Deaths, 1939-1943		Daily Average Population, Tuberculosis Hospitals, 1943
	White	Indian	
Prince Edward Island.....	55	1	86
Nova Scotia.....	405	8	628
New Brunswick.....	280	9	542
Quebec.....	2,640	47	3,020
Ontario.....	964	114	3,361
Manitoba.....	198	160	751
Saskatchewan.....	152	100	799
Alberta.....	153	146	405
British Columbia.....	376	190	805

COSTS OF TUBERCULOSIS CONTROL

Expenditures on tuberculosis control include those directed towards prevention and those for actual care and treatment of patients in sanatoria.

It is not possible to segregate provincial expenditures on education, diagnostic facilities, observation clinics, rehabilitation and after care. These services are relatively inexpensive and are developing rapidly. Great assistance has been given by voluntary funds, such as the Christmas Seal Fund, in pushing forward mass X-ray surveys. In 1944 half a million people were X-rayed. The discovery of new active cases of tuberculosis has accentuated the need for increased treatment facilities.

Expenditures on the care of patients in tuberculosis hospitals in the various provinces in 1943 are shown in Table 10, together with an analysis of sources of funds.

TABLE 10—EXPENDITURE AND SOURCE OF FUNDS¹ OF TUBERCULOSIS HOSPITALS, 1943

(Source: Institutional Statistics Branch, Dominion Bureau of Statistics, unless otherwise noted)

(thousands of dollars)

	Total Expenditure	Source of Funds					
		Total	Grants		Dominion payments for patients	Income from paying patients ³	Donations and miscel- laneous
			Provincial	Municipal			
CANADA ²	8,823	8,734	4,901	1,841	694	751	550
Prince Edward Island.....	81	82	48	1	—	31	2
Nova Scotia.....	395	395	130	132	79	52	3
New Brunswick.....	504	497	197	205 ⁴	65	26	5
Quebec ⁵	1,710	1,681	674	674	42	162	129
Ontario.....	3,471	3,405	2,326	12	242	426	398
Manitoba.....	498	449	92	305 ⁶	15	33	5
Saskatchewan.....	754	812	273	398	138	1	2
Alberta.....	414	414	368	—	47	—	—
British Columbia ⁷	996	999	793	114	66	20	6

¹ This table shows operating revenue and expenditures only. Capital expenditures shown in provincial Public Accounts for the corresponding fiscal year were: New Brunswick 4.5; Saskatchewan 23.4; Alberta 68.7.

² This includes Workmen's Compensation Board payments totalling 44.1 all in the provinces of Ontario and Quebec.

³ Canadian totals are adjusted. See notes 5 and 7.

⁴ Part of this amount was paid to the municipalities out of the provincial Tuberculosis Fund.—(Tobacco Tax)

⁵ Municipal payments made through the province have been arbitrarily allocated to the municipalities. The Public Charities Act, under which these payments are made, provides for equal contributions by province and municipality.

⁶ Paid in part through the Municipal Commissioner's levy.

⁷ Totals adjusted on the basis of provincial public accounts and supplementary material.

PROVINCIAL ORGANIZATION AND ARRANGEMENTS FOR TREATMENT

The various provinces have different arrangements for carrying out their programmes of tuberculosis control. Provisions for meeting the costs of care also vary. Provincial organization and arrangements for treatment are summarized briefly in the following:

Prince Edward Island—Treatment of tuberculosis in Prince Edward Island is centralized in the Provincial Sanatorium at Charlottetown, operated under the Provincial Sanatorium Commission. Patients who are able financially to do so are required to pay for treatment, and this constitutes an important source of income for the sanatorium.

Municipalities are not liable for the cost of treatment of indigent residents, the province itself being the unit for financial responsibility. In addition to sanatorium care, extramural treatment of indigent tuberculous patients is provided at provincial expense.

Nova Scotia—The Province of Nova Scotia operates a sanatorium at Kentville, but almost half the treatment of tuberculosis is carried out in local sanatoria or tuberculosis units in general hospitals.

In the provincial sanatorium, patients who are able are required to pay fees amounting to approximately one-third of their maintenance costs, the balance being met by the provincial government. The municipality where a patient has legal residence is responsible for the patient's share in cases of indigency.

In other tuberculosis hospitals or units in Nova Scotia, the province pays a per diem rate of \$1 per patient, irrespective of economic status. An additional \$1 is payable to the hospitals by municipalities for the care of their residents who are unable to pay.

The city of Halifax operates a tuberculosis hospital without provincial aid in which indigent city patients receive free treatment while others are charged at the rate of \$1.50 per day.

New Brunswick—The provincial government assumed full responsibility for the cost of care and treatment of tuberculous patients in New Brunswick from January 1, 1945, so that free care is available to all patients and the municipalities are relieved of financial obligation. The province operates the Jordan Memorial Sanatorium and there are two other sanatoria in the province, one of which is operated by the municipality of the City and County of Saint John.

Previous to the assumption by the province of the cost of tuberculosis care, patients who were able to do so were required to pay a share of the cost and the municipalities were responsible for their residents who were unable to pay. In recent years, however, the province has been assisting the municipalities in meeting their costs by paying them an amount equal to \$1 per patient per day out of the Tobacco Tax Fund.

Quebec—The Department of Health and Social Welfare is responsible for the Quebec tuberculosis prevention programme and for the administration of grants to sanatoria.

Tuberculosis prevention is carried out through provincial and local health agencies, provincial grants being made for educational activities, diagnosis and special measures for the protection of children in large cities. Treatment for tuberculous patients is given in hospitals operated under private auspices. Patients who can pay for treatment are required to do so, but upon proof of poverty by the patient, public contributions are made towards the cost of care. Approved sanatoria receive these grants through the Public Charities Fund, one-third of the total cost of the care of needy persons being met by the province, one-third by the municipality where the patient is domiciled and one-third by the sanatorium itself.

Grants vary with the institution and the type of care given. Large hospitals receive a per patient per diem rate of \$3 or \$4.50 (for a maximum of 50 days) for patients requiring thoracic surgery. Smaller hospitals receive grants of \$2.01 per day for each public ward patient.

Ontario—Tuberculosis control activities in Ontario are carried out through provincial and local preventive programmes and through hospitalization in sanatoria administered by private or municipal authorities under the supervision of the Hospitals Branch of the provincial health department.

Persons who are able to pay for sanatorium care are required to do so but municipalities are no longer liable in cases of indigency. The province makes a grant of \$2.10 per diem for all patients in sanatoria.

The province has made provision for compulsory treatment of tuberculosis cases, and developed an after-care programme by which municipalities are responsible for maintenance, and the province for medical treatment, of cases discharged from sanatoria. Educational activities and the extension of diagnostic facilities are carried out through the provincial Division of Tuberculosis Prevention and local boards of health.

Manitoba—Coordination of diagnosis, prevention and treatment of tuberculosis in Manitoba is now carried out under the provincial Tuberculosis Control Commission, established in 1944. This agency operates clinics, distributes patients to approved sanatoria for care, supervises treatment, and carries out a programme of prevention and rehabilitation. The Commission works in cooperation with the Manitoba Sanatorium Board and with other organizations operating institutions in which actual treatment is carried out. Patients receive treatment free of charge.

Cities pay a per patient per diem rate of \$1.80 while other municipalities are charged, not on the basis of care given to their residents, but as a group, through the equalized Municipal Commissioner's levy. This portion of the levy amounts to not more than \$175,000 annually. Costs for patients from unorganized municipalities are met by the province, which also makes a statutory grant of 50 cents per diem for all sanatorium patients.

Saskatchewan—The treatment of all tuberculosis patients who are residents of Saskatchewan is under the direction of the Anti-Tuberculosis League. This organization, supported by both provincial and municipal governments, operates sanatoria and clinics, and carries out a tuberculosis prevention programme.

The province makes a contribution of \$1.00 per diem per patient to sanatoria operated by the League and to approved hospitals. The cost of maintenance apart from the provincial contribution is divided between the urban and rural municipalities on a pro-lateral basis of equalized assessment. The present apportionment is on the basis of 40 per cent to urban and 60 per cent to rural municipalities.

Alberta—The prevention of tuberculosis and the treatment of patients is the direct responsibility of the provincial government. All persons establishing a resident status receive free diagnosis and those suffering from infectious tuberculosis are given free hospitalization and treatment. If such patients are cared for in hospitals other than those operated by the provincial government, they receive a per diem contract payment of \$2.50.

When other tuberculosis cases are admitted to approved hospitals, the province makes a grant of 45 cents per patient per day.

British Columbia—Central control and unification of all facilities are made effective in British Columbia through the Division of Tuberculosis Control, which is responsible for provincial sanatoria and for related programmes of prevention and rehabilitation.

Foster-home and after care programmes are facilitated by use of the generalized provincial welfare field service.

Persons who can pay for care in tuberculosis institutions are required to do so, the rate being \$3.00 a day.

Municipalities pay 80 cents a day, or an approved fixed grant, for indigent residents given sanatorium care, and all other provincial sanatorium costs are met by the province.

A per diem rate of \$1.25 is paid by the province for each patient treated in a public hospital, irrespective of the number of days' treatment in any year. The municipal obligation to public hospitals for the care of tuberculous patients must not exceed 70 cents per day.

SOURCES:

Canadian Tuberculosis Association, Dr. G. J. Wherrett, Secretary.
Provincial Departments of Health.
Dominion Bureau of Statistics.

5. MENTAL HEALTH

The wide field of mental illness constitutes the largest special medical and hospital problem in Canada. Psychiatry has expanded tremendously within recent years.

Problems of mental health and ill health begin in the early years of childhood and continue in the school where cases of retarded mental development are often first recognized and perhaps reversible symptoms of actual mental illness are also observed. Later, in industry, success or failure may be as much a question of mental stability as of physical fitness. An unfortunate distinction has developed between these two phases of health, with sinister implications for the patient suffering from "mental illness", but there is a growing recognition that treatment and prevention must be prepared to give full consideration to mental as well as to the physical aspects of personal and community health.

Mental hygiene programmes involve the application of preventive principles to illnesses and difficulties of early childhood and of school children, to industrial disabilities relating to fatigue, friction and general inefficiency, and to the psychological aspects of disturbed home and family relationships. Treatment involves the application of any possible corrective measures for all such conditions. Most of these problems are matters concerning the mental health and stability of the individual and of the community. They need treatment like any other disabilities, but do not require hospitalization at all. They are problems of the increasingly important field of preventive medicine in its broader interpretation.

MENTAL DISORDERS

Neuroses, often called "nervous" conditions, are mental disorders which are very numerous among children and adults. Most cases can be treated at home or by office practice. If hospitalization is needed, most of these cases can be cared for in general hospitals, very few requiring mental hospital care.

Cases of psychosis or "insanity" comprise the largest group requiring hospitalization. During the incipient stages, intensive treatment at home, by a mental health clinic, or in a psychiatric ward in a general hospital may prevent acute symptoms and lead to recovery.

Where such treatment is unsuccessful, mental hospital facilities are necessary, standard requirement being hospital accommodation for four persons in every thousand of the general population.

THE EPILEPSIES

Epileptic persons constitute about 250 to 400 per 100,000 of the population, most of whom can be treated at home or by office practice. Severe cases require special hospital facilities at the rate of 25 beds per 100,000 of the general population.

MENTAL DEFECT

Mentally defective persons constitute 1,000 to 1,500 per 100,000 of the general population, but only 100 to 150 require special institutions for training, treatment and care. The great majority can be cared for at home and trained in auxiliary classes of the school system.

ADDICTION TO ALCOHOL AND NARCOTIC DRUGS

Habituate cases, comprising the smallest group of psychopathic states, represent a distinct problem in treatment. Addictions are closely related to mental disorders, but involve special equipment and treatment facilities.

PREVENTION AND TREATMENT

Trained personnel and adequate facilities are essential requirements in the development of prevention and treatment phases of a comprehensive mental hygiene programme.

PERSONNEL

Until recently, nearly all the care of the mentally ill has been on the treatment side, but it is well recognized that in the future adequate personnel must be provided to deal with both preventive and curative aspects of mental illness.

To develop personnel qualified to deal with mental health needs, special training is necessary for workers in several related fields. Curricula in medical schools may need to be amplified if students are to be qualified in preventive psychiatry as in preventive medicine generally, and opportunities are required for physicians in practice to obtain training and experience in the field.

Training in mental hygiene for undergraduates and graduates in the allied services—nursing, social service, occupational therapy and education—would qualify workers in these fields for effective participation in different phases of comprehensive mental health programmes.

FACILITIES

In addition to the out-patient services of general hospitals and the treatment given in mental institutions, which have been the principal means of dealing with psychiatric disorders, additional facilities are necessary to meet special needs. These include:

Mental health clinics—These clinics are required for consultation and treatment, particularly of less severe or incipient conditions. One such clinic can serve approximately 200,000 people in urban areas or 100,000 in rural districts.

Psychiatric wards in general hospitals—The realization that the mentally sick are really sick people who may need very complete examinations and consultations for diagnosis and adequate treatment calls for the establishment of properly equipped wards in all general hospitals of fifty beds or more (and at least one or more properly equipped rooms in smaller hospitals). Such a ward would be for short treatment only: prolonged illnesses would be cared for in mental institutions.

Hospitals for the Elderly Mentally Ill—It is important that elderly persons, who constitute an increasingly large proportion of citizens, receive the medical attention necessary for their welfare. People above the age of sixty now comprise more than 20 per cent of the admissions to mental hospitals, adding definitely to the conditions of overcrowding. Hospitals for elderly people should be suitably staffed and equipped to care for all types of illness common to advancing years, including mental illness.

Family Care for Mentally Sick Persons—Under the family care system selected patients are placed in approved homes in a community within convenient access to the hospital, where the patient can be cared for with a minimum of supervision and lead as active a life as possible.

The boarding-out system provides the most suitable form of treatment for many patients, relieves institutional overcrowding, and reduces the need for new construction.

MENTAL HYGIENE SERVICES

Mental hygiene services in Canada are administered by provincial and local health and welfare departments, actual treatment being carried out in 59 mental institutions.

These include: 32 hospitals for the mentally ill, in all provinces; five provincial training schools for mental defectives, in Nova Scotia, Quebec, Ontario, Manitoba

and Alberta; two psychiatric hospitals, in Toronto and Winnipeg; fifteen local institutions, all in Nova Scotia; two federal hospitals and three private sanitarium.

The number of patients under treatment in these institutions has risen sharply in recent years. This is shown in Table 11, which compares the number of patients in 1935 and 1943, according to mental status.

The increase in the numbers of hospitalized cases of mental illness has been more rapid than population growth. In all provinces, the proportion which such patients bear to the general population showed an increase during the period 1933 to 1943. This is indicated in Table 12.

The striking increase is regarded as due to a variety of factors, including the ageing of the general population so that the older groups with higher psychotic incidence

are relatively larger, the extension of diagnostic facilities leading to the recognition of milder cases of mental illness, the growing tendency to hospitalization, and an apparent increase in mental illness in comparison with population growth.

OVERCROWDING AND INSTITUTIONAL REQUIREMENTS

Most Canadian mental hospitals are overcrowded, average patient population exceeding normal bed capacity in all provinces except Prince Edward Island, Nova Scotia and New Brunswick. As indicated in Table 14 this does not necessarily mean that existing bed accommodation is adequate in these provinces. The extent of overcrowding, as indicated by excess of patient population over normal capacity, is shown in Table 13 which also indicates the increase in hospital accommodation between 1935 and 1943.

TABLE 11—PATIENTS UNDER TREATMENT ACCORDING TO MENTAL STATUS 1935 AND 1943
(Source: Institutional Statistics Branch, Dominion Bureau of Statistics)

	1935					1943					Per cent increase		
	Total patients	Insane	Mental defectives	Epileptics	All other types	Total patients	Insane	Mental defectives	Epileptics	All other types	Total patients	Insane	Mental defectives
CANADA.....	49,966	39,613	8,730	769	854	61,244	47,287	12,122	867	968	22.6	19.4	38.9
Prince Edward Island.....	362	337	7	—	18	375	336	5	3	31	3.6	-0.3	-28.6
Nova Scotia.....	2,532	2,172	347	13	—	2,826	2,353	433	24	16	11.6	8.3	24.8
New Brunswick.....	1,216	992	136	77	11	2,009	1,674	229	82	24	65.2	68.8	68.4
Quebec.....	14,672	10,749	3,250	247	426	18,463	13,249	4,689	286	239	25.8	23.3	44.3
Ontario.....	17,568	13,947	2,979	409	233	20,298	15,719	3,785	402	392	15.5	12.7	27.1
Manitoba.....	3,310	2,783	495	11	21	3,740	3,063	609	12	56	13.0	10.1	23.0
Saskatchewan.....	3,478	2,852	587	3	36	4,810	3,692	1,041	35	42	38.3	29.5	77.3
Alberta.....	2,838	2,311	409	9	109	3,567	2,928	523	18	98	25.7	26.7	27.9
British Columbia.....	3,990	3,470	520	—	—	5,156	4,273	808	5	70	29.2	23.1	55.4

TABLE 12—INCREASE IN NUMBER OF MENTAL HOSPITAL PATIENTS, 1933 TO 1943

(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics)

	Number of Resident Patients				Resident Patients per 100,000 population			
	At Dec. 31, 1933	At Dec. 31, 1943	Increase	Per cent Increase	At Dec. 31, 1933	At Dec. 31, 1943	Increase	Per cent Increase
CANADA.....	34,979	46,631	11,652	33.31	325	395	70	21.54
Prince Edward Island.....	257	272	15	5.84	289	299	10	3.46
Nova Scotia.....	1,925	2,242	317	16.47	367	369	2	.54
New Brunswick.....	885	1,219	334	37.74	209	263	54	25.83
Quebec.....	9,798	13,898	4,100	41.84	327	402	75	22.93
Ontario.....	12,150	14,897	2,747	22.60	342	380	38	11.11
Manitoba.....	2,422	2,995	573	23.66	333	413	80	24.02
Saskatchewan.....	2,689	4,121	1,432	53.25	280	489	209	74.64
Alberta.....	1,954	3,003	1,049	53.68	255	379	124	48.63
British Columbia.....	2,899	3,984	1,085	37.43	403	443	40	9.93

Overcrowding of mental hospitals, characteristic of all provinces west of the Maritimes, varies in extent from province to province. British Columbia, which shows the highest degree of overcrowding of the six, had the smallest increase in accommodation between 1935 and 1943. Saskatchewan, where overcrowding was second highest, had the greatest increase in hospitalized mental illness. Substantial increases in hospital accommodation in Quebec, Ontario and Alberta are reflected by less overcrowding.

Comparison of the number of beds available and the average patient population indicates only the extent of existing accommodation in terms of the number of persons actually receiving hospital care.

The adequacy of existing facilities may also be measured in relation to standard requirements based on population. Table 14 provides the data for com-

paring Canadian institutional accommodation with the standards which have been described on page 20.

Shortage of facilities for the training of mental defectives is greater than that for the treatment of the mentally ill. It is possible that this might not be the case if a distinction could be made between facilities for custodial care only and those for actual psychiatric treatment of the mentally ill.

Minimum standards for mental hospital accommodation include not only a specified number of beds in relation to the population, but also facilities and equipment necessary for care and treatment of patients. To build a properly constructed and equipped hospital to accommodate 1,000 to 2,000 patients would cost from \$2,500 to \$3,500 per bed. Additions to existing institutions could be built in most cases for \$1,500 to \$2,000 per bed.

TABLE 13—BED CAPACITY OF MENTAL INSTITUTIONS, 1935 AND 1943, AND PATIENT POPULATION, 1943

(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics)

	Normal Bed Capacity, 1935	Normal Bed Capacity, 1943	Per Cent Increase	Average Daily Patient Population, 1943	Per Cent Excess of Average Daily Population over Bed Capacity, 1943
CANADA.....	35,987	42,454	18.0	46,697	10.0
Prince Edward Island.....	275	275	—	274	—
Nova Scotia.....	2,120	2,556	20.6	2,283	—
New Brunswick.....	900	1,250	38.9	1,248	—
Quebec.....	10,383	13,372	28.8	13,833	3.5
Ontario.....	12,777	14,239	11.4	15,086	5.9
Manitoba.....	2,492	2,504	0.5	2,992	19.5
Saskatchewan.....	2,550	2,970	16.5	4,084	37.5
Alberta.....	2,035	2,830	39.1	2,939	3.8
British Columbia.....	2,455	2,458	0.1	3,958	61.0

TABLE 14—CANADIAN FACILITIES AND REQUIREMENTS IN RELATION TO STANDARDS FOR MENTAL INSTITUTIONS, 1943

—	Estimated Population 000's	Hospitals for the Mentally Ill and Epileptic			Schools for the Mentally Defective			Total New Beds Required
		Beds Required Standard 425 per 100,000	Normal Bed Capacity	New Beds Required	Beds Required Standard 125 per 100,000	Normal Bed Capacity	New Beds Required	
CANADA.....	11,795	50,129	38,919	11,210	14,744	3,535	11,209	22,419
Prince Edward Island...	91	387	275	112	114	—	114	226
Nova Scotia.....	607	2,580	2,406	174	759	150	609	783
New Brunswick.....	463	1,968	1,250	718	579	—	579	1,297
Quebec.....	3,457	14,692	12,922	1,770	4,321	450	3,871	5,641
Ontario.....	3,917	16,647	12,062 ¹	4,585	4,896	2,177	2,719	7,304 ¹
Manitoba.....	726	3,086	2,028	1,058	907	476	431	1,489
Saskatchewan.....	842	3,578	2,970	608	1,053	—	1,053	1,661
Alberta.....	792	3,366	2,548	818	990	282	708	1,526
British Columbia.....	900	3,825	2,458	1,367	1,125	—	1,125	2,492

¹ This is exclusive of accommodation at the Ontario Hospital, St. Thomas, which was leased to the Dominion Government from 1939 to 1945 for use as an R.C.A.F. training centre. This institution, which had 1,050 patients at July 31, 1939, will again be in use as a mental hospital at an early date.

Family care of mentally sick persons can obviate the heavy capital outlay and maintenance charges for many patients which would have to be undertaken if all the mentally ill were to be treated in institutions. The actual cost of patients in institutions varies in individual provinces, but is ordinarily greater than the costs of family care.

Two provinces, Ontario and Manitoba, have initiated programmes of family care for mentally sick persons in supervised boarding homes. All the provinces except Saskatchewan and Prince Edward Island have parole systems in effect, New Brunswick, Quebec and Ontario having the highest proportions of paroled patients.

Table 15 shows the proportion of resident and non-resident patients under care in Canadian mental institutions.

COSTS OF TREATMENT

Saskatchewan is the only province providing free treatment for patients suffering from mental illness, the provincial programme of free care to residents having been initiated there January 1, 1945. In all other provinces, those who can pay for care are required to do so, the cost for indigent patients being shared in some instances between the provincial and the municipal authority.

In British Columbia, Manitoba, Prince Edward Island and Quebec, as well as in Saskatchewan, municipalities make no contributions towards mental hospital costs. Provincial assumption of what were formerly municipal costs in Quebec was made effective at the beginning of 1945.

TABLE 15—RESIDENT AND NON-RESIDENT PATIENTS UNDER CARE, DECEMBER 31, 1943

(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics)

—	Total	In Hospital	Per Cent	Boarding Out	Per Cent	On Parole	Per Cent
CANADA.....	51,071	46,631	91.3	541	1.6	3,899	7.6
Prince Edward Island.....	272	272	100.0	—	—	—	—
Nova Scotia.....	2,312	2,242	96.9	—	—	70	3.0
New Brunswick.....	1,678	1,219	72.6	—	—	459	27.4
Quebec.....	15,736	13,898	88.3	—	—	1,838	11.7
Ontario.....	16,628	14,897	89.5	531	3.2	1,200	7.2
Manitoba.....	3,096	2,995	96.7	10	0.3	91	2.9
Saskatchewan.....	4,121	4,121	100.0	—	—	—	—
Alberta.....	3,063	3,003	98.0	—	—	60	2.0
British Columbia.....	4,165	3,984	95.7	—	—	181	4.3

Expenditures of Canadian mental institutions in the various provinces in 1943 are shown in Table 16 together with an analysis of sources of funds.

PROVINCIAL ORGANIZATION AND ARRANGEMENTS
FOR CARE

Mental hygiene programmes vary from province to province, as do provisions for meeting the costs of care. Provincial organization and arrangements for treatment are summarized briefly in the following:

Prince Edward Island—Mental hygiene services are made available to the people of Prince Edward Island through the treatment facilities for the mentally ill provided at the Falconwood Hospital in Charlottetown. This is a provincial institution, operated along with the provincial infirmary.

Persons receiving mental hospital treatment are required to pay if they are financially able to do so, and the balance of the cost is met by the province. Municipalities have no financial responsibility in connection with the treatment of indigent patients.

Nova Scotia—Nova Scotia has a mental hospital and a school for mental defectives operated by the province, and fifteen local institutions providing custodial care. The latter account for three-quarters of the normal capacity of Nova Scotia mental institutions.

A charge is made in all institutions for persons who are financially able to pay. Costs for indigent residents receiving treatment in the provincial mental hospital or training school are met by municipalities at the rate of \$9 a week, while local institutions are maintained wholly at municipal expense.

In addition to the Nova Scotia Hospital and the Nova Scotia Training School, each of which is operated under the provincial health department, there is a Provincial Psychiatrist attached to the Department of Public Welfare.

A mental health programme is carried out in the City of Halifax through the facilities of the Dalhousie Clinic.

New Brunswick—Treatment for the mentally ill in New Brunswick is provided in the Provincial Hospital at Saint John. Payment is required on behalf of patients where financial circumstances warrant it, municipal authorities contributing \$2 weekly toward the costs of treatment for indigent residents. All other costs are met by the provincial government, which has full administrative responsibility.

Quebec—There are six mental hospitals and a school for mental defectives in the Province of Quebec, as well as a Dominion government hospital and a private institution for the mentally ill. Special treatment for insane criminals is provided in the hospital at Bordeaux.

The government of Quebec assumed responsibility for the maintenance of indigent patients in provincially supported mental hospitals from January 1, 1945. Previously, the municipality of domicile was responsible for half these costs. Maintenance charges are collected from persons legally responsible for patients, and in a position to pay for treatment.

Extensive mental health and psychiatric programmes are carried out locally in the province, notably in the city of Montreal, under private and university auspices.

TABLE 16—EXPENDITURE AND SOURCE OF FUNDS OF MENTAL INSTITUTIONS, 1943

(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics, unless otherwise noted) /

(thousands of dollars)

—	Total Expenditure		Source of Funds					
	Main-tenance	Capital and Other	Total	Province	Municipal-ities	Dominion payments for patients	Income from paying patients	Other
CANADA.....	18,204	995	19,214	11,712	1,803	1,960	2,626	1,113
Prince Edward Island.....	169	12	181	160	—	—	19	2
Nova Scotia.....	748	17	767	235 ¹	461	6	46	19
New Brunswick.....	441	6	441	159	225 ²	—	55	2
Quebec.....	5,073	808	5,879	2,911 ³	790 ⁴	1,050	612	516
Ontario.....	6,407	20	6,456	3,938	235	769	1,199	315
Manitoba.....	1,156	14	1,170	883	77	28	113	69
Saskatchewan.....	1,567	8	1,575	1,270	—	—	152	153
Alberta.....	1,060	106	1,153	893	11	9	204	36
British Columbia.....	1,583	4	1,592	1,263	4	98	226	1

¹ Information from the Public Accounts for the fiscal year ended November 30, 1943, shows net provincial expenditure on this account of 157 on an accrual basis.

² Part of this amount was paid to Municipalities out of the Provincial Tobacco Tax Fund.

³ See Foot Note 4.

⁴ Estimate based on information in the Provincial Public Accounts for the fiscal year ended March 31, 1944, which shows contributions of Municipalities and paying patients at 1,401.

Ontario—The Hospitals Branch of the Ontario Health Department administers eleven mental hospitals, a hospital for epileptics, a hospital school for mental defectives, and under special arrangements, a psychiatric hospital in the city of Toronto.

Travelling clinics for diagnosis and out-patient treatment are operated by the Branch, which also cooperates with municipal authorities in the development of local mental hygiene programmes.

Where the family or the patient can afford to pay, they are charged for treatment. Otherwise, the cost is met by the province.

Municipalities contribute 10 cents a day for indigent patients, up to the amount payable to them by the province under the statutory provision for the distribution of the provincial railway tax. For indigent patients in the provincial hospital for epileptics, municipalities pay 50 cents a day. Toronto and York township, and in certain cases other municipalities may send patients to the Toronto Psychiatric Hospital, municipal liability for costs being limited to ten days for each patient at \$1.50 a day.

The Dominion government operates a mental hospital in the Province of Ontario, and there is one private hospital giving treatment to the mentally ill.

Manitoba—The Province of Manitoba operates two mental hospitals, a school for mental defectives and, under special arrangement, a psychopathic hospital in Winnipeg. The province provides all facilities for care, no charge being made against the municipalities. From individuals who can afford to pay, the province collects from 50 cents to the full rate of \$1.25 a day, the charge being fixed in relation to ability to pay.

Diagnostic clinics and out-patient treatment facilities are provided in Winnipeg and Brandon through the provincial service, which also cooperates with municipal authorities in the development of their mental hygiene programmes.

Saskatchewan—The Province of Saskatchewan through its Department of Health, operates two hospitals for the mentally ill, and has recently initiated psychopathic hospital services through a special arrangement with the Regina General Hospital.

Subject to certain minor limitations, persons fulfilling residence requirements are entitled to care and treatment at the expense of the province. No charge is made either to the patient or to the municipality from which he comes.

Alberta—The Alberta Department of Health administers two provincial mental hospitals, two auxiliary hospitals, and a training school for mental defectives as well as a comprehensive mental hygiene programme including preventive service, diagnostic facilities, family care for the mentally ill and rehabilitation.

Where relatives are in a position to pay for treatment of a patient, the province makes a charge of \$1 a day for care in mental hospitals. There is no municipal responsibility for treatment of indigent patients.

The Department of Public Health makes a charge of \$15 a month for the maintenance of mentally defective persons in the provincial school. Municipalities of which such patients are resident are responsible for this charge, but they may recover their costs from responsible persons.

British Columbia—The provincial mental hygiene programme in British Columbia is administered under the Department of the Provincial Secretary. The three provincial hospitals are administered as a unit, along with the Psychopathic Division, under the Provincial Psychiatrist, who also has charge of related mental health services.

No municipal charges are in effect in British Columbia, but a charge of \$1 per day is made for patients who are financially able to pay for treatment.

Rehabilitation and follow-up work in connection with the provincial mental hygiene programme is carried out throughout the province by the generalized provincial welfare field service.

In addition to the public hospitals, there is a private sanitarium giving care to the mentally ill in British Columbia.

SOURCES:

Brief on Mental Diseases presented to the House of Commons Special Committee on Social Security by the late Dr. B. T. McGhie, former Deputy Minister of Health for Ontario, May 18, 1943.

Provincial Departments of Health.
Dominion Bureau of Statistics.

6. VENEREAL DISEASE

HISTORY OF DOMINION GRANTS TO THE PROVINCES

During 1914-1918 the incidence of venereal diseases increased, and it was considered advisable to take active steps to prevent their dissemination throughout the population. In the United States, the Chamberlain-Kahn Act of July, 1918, provided for a Federal Grant to the States of \$1,000,000 for the control of venereal diseases among the civilian population, an additional \$1,000,000 to be expended under the direction of the Secretaries of War and Navy for the control of these diseases among military and naval forces. It provided an additional \$400,000 for medical education and research.

After the passage of the Chamberlain-Kahn Act, United States officials, who were familiar with the venereal disease program which was initiated in the United States, were invited to an interprovincial conference in Canada to explain the features of that Act. The assistance of these officials had an influence in determining a Canadian appropriation for venereal disease control.

At the request of the Dominion Council of Health, the Dominion Government in 1919 voted \$200,000 for the control of venereal disease. This grant was allocated to the various provinces on the basis of population and subject to eight conditions, the most important of which was that each participating province was to expend an amount equal to that received from the Dominion Government.

All the provinces, with the exception of Prince Edward Island which at that time did not have a health department, entered into the agreement. The same amount of \$200,000 was voted for the four subsequent years. For the year 1924-25 the amount voted was \$150,000, for the years 1925-26 and 1926-27 the amount voted was \$125,000. From the year 1927-28 to the year 1931-32 the amount voted was \$100,000.

At a meeting of the Dominion Council of Health in December, 1931, it was resolved that the Government of

Canada be commended for what had already been done for the control of venereal disease and be requested to increase the grants to the provinces.

The venereal disease grant was discontinued in the fiscal year 1932-33.

The Dominion Council of Health at their meeting in May, 1932, passed a resolution requesting that the Federal aid to the provinces for venereal disease control work be re-established at the earliest possible moment permitted by economic conditions.

In November, 1936, the Dominion Council of Health appointed a Committee of five to study and report on Dominion grants to the provinces. In June, 1937, the Committee reported to the Dominion Council of Health that the withdrawal of grants made to the provinces by the Federal Government had resulted in materially lessening the effort directed at public education and follow-up work, and that there had been a lessening of facilities for treatment, particularly in the Province of Quebec. The Committee further recommended that the Dominion grants be re-established.

In June, 1937, the Canadian Medical Association, the Canadian Public Health Association, and the National Council of Women of Canada, passed resolutions that the Dominion Government be asked to reinstate the grants to the provinces.

In May, 1938, a recommendation was made to the Minister of Health suggesting that consideration be given to the distribution to the provinces, at Federal Government expense, of arsenical preparations utilized for the treatment of syphilis.

On May 27, 1938, the Dominion Government voted the sum of \$50,000 for the distribution of arsenicals to the provinces on the basis of population and the number of treatments, subject to an undertaking that the provinces would not curtail their venereal disease expenditures for any year in which they accept arsenicals from the Federal Department of Health as compared with their expenditures for their work in this field for the year previous to the acceptance of this grant. This sum of \$50,000 has been voted each year since the fiscal year 1938-39.

The main object of this grant for the distribution of arsenicals was to help the provinces release their provincial money then expended in the provision of drugs, the resumption of educational campaigns, follow-up of cases and investigation of contacts, thereby correcting some of the deficiencies which had prevailed since the discontinuance of the federal grant to the provinces in 1932.

On September 21, 1942, at a meeting of provincial ministers in Ottawa, the problem of venereal disease control was discussed. The situation over the past several years, the discontinuance of federal grants and the desirability of their resumption were considered. It was suggested that the Dominion Council of Health should be expected to make recommendations as to the scope of the expenditure of the grants by the provinces. The meeting concurred in the proposed recommendations.

The Dominion Council of Health then prepared a draft submission of a plan covering federal allotments to the provinces for venereal disease control activities for the fiscal year 1943.

On June 15, 1943, P.C. 132/4857 was approved by His Excellency the Governor General in Council. This

provided for a vote of \$175,000 for assistance to the provinces for the control of venereal disease, continuation of the vote of \$50,000 for distribution of arsenicals, and provision of \$15,000 for administration. The total appropriation for venereal disease was, therefore, set at \$240,000.

The same appropriation was continued for the fiscal year 1944-45, and has also been voted for the year 1945-46.

Table 17 summarizes the venereal disease appropriations since their inception in 1919:

TABLE 17—FEDERAL EXPENDITURES FOR VENEREAL DISEASE

(FISCAL YEARS 1919-20 TO 1945-46)

(SOURCE: Public Accounts, Dominion of Canada)
(thousands of dollars)

Fiscal years	Annual Federal Grants to the Provinces	Annual Distribution of Arsenicals	Annual Administra- tion
1919-20 to 1923-24.....	200.0	—	—
1924-25.....	150.0	—	—
1925-26 to 1926-27.....	125.0	—	—
1927-28 to 1931-32.....	100.0	—	—
1932-33 to 1937-38.....	No grant	—	—
1938-39 to 1942-43.....	No grant	50.0	—
1943-44 to 1945-46.....	175.0	50.0	15.0

ROLE OF THE DOMINION IN VENEREAL DISEASE CONTROL

At the Dominion-Provincial Conference of Venereal Disease Control Directors, August 8-11, 1944, the Conference approved that the function of the Federal Division of Venereal Disease Control is to give leadership in reducing the menace of venereal infections in Canada:

- By planning, in consultation with the provinces, adequate control measures on a comprehensive, effective basis;
- To assist in the implementation and carrying out of the plans for the annual provision and distribution of federal grants;
- To perform the functions of coordination, integration, standardization, survey and appraisal, and general exchange of administrative ideas by consultation and conferences with the provinces and national agencies and groups;
- To assist in the provision of lay and professional informational services; and
- To encourage research and improve training facilities for professional personnel.

SERVICES AND METHODS OF CONTROL IN THE PROVINCES

There is a separate Division of Venereal Disease Control with personnel employed on full-time basis in the Provincial Department of Health of the Provinces of New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia. There is

no separate Division of Venereal Disease Control in Prince Edward Island nor in Nova Scotia, but in these provinces the venereal disease work is carried out directly by personnel of the Provincial Health Department on a part-time basis.

All provinces offer the same general type of service with slight modification to suit local conditions. These services may be briefly described as follows:

1. Collection of statistics on the incidence of venereal disease.
2. Provision of laboratory facilities for the diagnosis of venereal disease.
3. Maintenance of provincial clinics for the free treatment and diagnosis of venereal disease.
4. Distribution of medication to physicians for the treatment of their patients.
5. Epidemiological investigation by social service workers of persons who are named as contacts to cases of venereal disease.
6. Case-finding of venereal disease through blood test and medical examination of special groups such as prostitutes.
7. Application of "Venereal Disease Control Act" in cases where patients with venereal disease in a communicable form refuse to take treatment.
8. Education of the population on venereal disease.

The following is a brief description of the services offered by each individual province:

Prince Edward Island—

1. Provision for laboratory diagnosis of venereal disease at Provincial Laboratory in Charlottetown.
2. Maintenance of two venereal disease clinics in Charlottetown and Summerside for the diagnosis and treatment of venereal disease.
3. Epidemiological investigation of contacts to cases of venereal disease.
4. Educational programme.

Nova Scotia—

1. Provision of free laboratory service for the diagnosis of venereal disease at the Provincial Laboratory in Halifax.
2. Maintenance of nine clinics for the free diagnosis and treatment of venereal disease.
3. Free drugs to all physicians who request them.
4. Epidemiological investigation of contacts by social nurses.
5. Part-time help from the five provincial health units and their staff.
6. Visual education for venereal disease.

New Brunswick—

1. Provision of free laboratory service through the Provincial Laboratory located in Saint John.
2. Maintenance of fourteen clinics for the medical care of venereal disease patients.
3. Arsenical preparations supplied free of charge to physicians by the Department of Health.

4. Free consultative service available to physicians.
5. Epidemiological investigation by public health nurses of contacts to cases of venereal disease.
6. Educational programme on venereal disease.

Quebec—

1. Provision of laboratory facilities for the diagnosis of venereal disease at the Provincial Laboratory in Montreal. There are no branch laboratories in Quebec.
2. Maintenance of twenty-three venereal disease clinics for indigent patients. There are nine clinics in Montreal, five clinics in Quebec City and nine clinics in other cities of the Province.
3. Payment of remuneration to physicians where there is no clinic.
4. Free distribution to physicians of anti-syphilitic drugs for all patients.
5. Provision for full hospitalization when required and for isolation of delinquent infectious cases.
6. Epidemiological investigation of persons named as contacts to cases of venereal disease.
7. Consultative assistance to physicians by correspondence upon request.
8. Public education in relation to venereal disease.

Ontario—

1. Provision of laboratory facilities for diagnosis of venereal disease at the Central Provincial Laboratory in Toronto and at branch laboratories in Kingston, Ottawa, Hamilton, London, Windsor, Peterborough, and Fort William.
2. Maintenance of clinics for the free treatment and diagnosis of venereal disease. There are six clinics in the City of Toronto and fourteen clinics in other cities of the Province.
3. Fever therapy service for cases of neurosyphilis.
4. Treatment subsidies paid for treatment by private physicians.
5. Drug distribution to physicians.
6. Consultative and library service for physicians.
7. Epidemiological investigation of all persons named as contacts to cases of venereal disease.
8. Promotion of community action against venereal disease.
9. Health education on venereal disease.
10. Advancement of venereal disease control through teaching and research.

Manitoba—

1. Laboratory facilities for the diagnosis of venereal disease provided at the provincial clinic located in Winnipeg. Keidel tubes supplied free to physicians and institutions.
2. Maintenance of provincial Venereal Disease Clinic at St. Boniface Hospital, Winnipeg, for the free diagnosis and treatment of venereal disease.
3. Examination and treatment in all jails and detention homes by the physician in charge.

4. Remuneration of physicians for the treatment of indigent syphilitic patients in rural areas where there are no facilities for free treatment.
5. Drugs supplied free for all indigent syphilitic patients. Arsenicals are free for any patient, irrespective of means.
6. Epidemiological investigation of all contacts to cases of venereal disease carried out by public health nurses.
7. Educational programme for venereal disease.

Saskatchewan—

1. Provision of laboratory facilities for the diagnosis of venereal disease at the Provincial Laboratory in Regina.
2. Operation of four full-time clinics and of one part-time clinic for the free diagnosis and treatment of all patients. Operation of a part-time clinic at the Regina jail.
3. Supply of all drugs required for the treatment of both syphilis and gonorrhoea free of charge to physicians for the treatment of their reported cases.
4. Epidemiological investigation of persons named as contacts to cases of venereal disease.
5. Community educational programme on venereal disease.

Alberta—

1. Laboratory facilities for the diagnosis of venereal disease are provided by the Alberta Provincial Laboratory located at Edmonton.
2. Maintenance of provincial clinics for the free treatment and diagnosis of venereal disease in Calgary, Edmonton, Lethbridge and Medicine Hat.
3. Maintenance of treatment clinics in remote areas of the north country where nurses with

special training give the treatments under the advice of the Director of Venereal Disease Control Division. These clinics are located at High Prairie, MacLennan and Peace River.

4. Supply of free drugs to private physicians.
5. Consultative service for physicians.
6. Epidemiological investigation by the social service workers of persons named as contacts to cases of venereal disease and treatment of all cases found to be infected.
7. Educational programme of venereal disease.

British Columbia—

1. Provision of laboratory facilities for the diagnosis of venereal disease at Provincial Laboratory in Vancouver.
2. Maintenance of ten venereal disease clinics throughout the Province.
3. Free medications distributed by the Provincial Board of Health.
4. Epidemiological investigation of persons named as contacts to cases of venereal disease.
5. Specific action directed towards those premises which facilitate the spread of venereal disease.
6. General educational programme.
7. Special high school lecture programme.

COSTS OF VENEREAL DISEASE CONTROL

As shown in Table 18, total expenditures for venereal disease control in Canada, by all governments during the fiscal year 1943-44 amounted to more than \$788,000. Direct expenditures by the provinces totalled \$563,000, the balance being distributed to the provinces by the Dominion for (a) Grants—\$175,000 and (b) Value of Arsenicals—\$50,000.

TABLE 18—EXPENDITURES FOR VENEREAL DISEASE—FISCAL YEAR 1943-44

(SOURCE: Public Accounts)
(thousands of dollars)

	Department of Pensions and National Health				Provincial Expenditures	Total
	Federal Grants to the Provinces			Value of Arsenicals distributed to Provinces		
	Net Grant to each Province	Grant for Educational Materials	Total Grant to Provinces			
CANADA.....	148.8	26.3	175.0	49.9	563.5	788.4
Prince Edward Island.....	1.1	0.2	1.3	0.4	2.1	3.9
Nova Scotia.....	8.4	1.5	9.9	2.5	46.0	58.3
New Brunswick.....	6.5	1.2	7.6	2.0	15.2	24.8
Quebec.....	58.0	10.2	68.2	14.1	114.1	196.4
Ontario.....	39.6	7.0	46.5	16.6	232.8	295.9
Manitoba.....	8.2	1.5	9.7	3.2	27.3	40.2
Saskatchewan.....	10.9	1.9	12.8	4.2	19.3	36.3
Alberta.....	8.6	1.5	10.1	3.5	24.0	37.6
British Columbia.....	7.5	1.3	8.9	3.4	82.7	95.0

The per capita expenditures in each province by all governments for the control of venereal diseases is shown in Table 19. Comparable figures are not available for the United States on a State basis but the U.S. Federal

TABLE 19—VENEREAL DISEASE EXPENDITURES PER CAPITA BY PROVINCES, 1943-44

—	Estimated Population 1943	Total expenditures for Venereal Disease (thousands of dollars)	Expenditures per Capita (dollars)
Prince Edward Island...	91,000	3.9	0.042
Nova Scotia.....	607,000	58.3	0.096
New Brunswick.....	463,000	24.8	0.053
Quebec.....	3,457,000	196.4	0.056
Ontario.....	3,917,000	295.9	0.075
Manitoba.....	726,000	40.2	0.055
Saskatchewan.....	842,000	36.3	0.043
Alberta.....	792,000	37.6	0.047
British Columbia.....	900,000	95.0	0.105
Total.....	11,795,000	788.4	0.066

grants for venereal disease control are allocated to the States on condition that 50 per cent thereof is matched from State funds. The U.S. Public Health Service

stood that the cities of Montreal and Toronto are studying the prevalence of venereal infections and need for the establishment of a venereal disease control division under the Medical Officer of Health. A proposal to establish such a municipally controlled organization for Winnipeg was rejected by the city after considerable study of the problem.

In the United States most of the large cities operate divisions for the control of venereal diseases. The U.S. Public Health Service recommends that every city of 250,000 population should have a full time division and that there should be one full-time venereal disease control officer for every 500,000 population. In Table 20 is shown the source of funds and per capita expenditures for venereal disease in twelve large cities in the United States.

SOURCES:

Division of Venereal Disease Control, Department of National Health and Welfare.
Provincial Departments of Health.
United States Public Health Services.
Dominion Bureau of Statistics.

7. GENERAL PUBLIC (ACUTE DISEASE) HOSPITAL CARE

Canada has a comprehensive system of hospitals for the treatment of patients suffering from acute and chronic diseases, and for providing care for maternity cases. In 1942 the total bed capacity of these hospitals was 65,032. The distribution of hospital beds in the various provinces is shown in Table 21, according to the type of hospital.

TABLE 20—VENEREAL DISEASE APPROPRIATIONS IN VARIOUS LARGE CITIES OF THE UNITED STATES—1943-44

(SOURCE: Modern Clinical Syphilology by John H. Stokes, M.D.)

(thousands of dollars)

—	Population	Source of Funds				Expenditure per Capita (dollars)
		Federal	State	Local	Total	
Baltimore.....	854,144	—	—	83.2	83.2	0.097
Boston.....	770,816	28.8	72.2	16.9	117.9	0.153
Chicago.....	3,260,000	491.0	56.0	258.0	805.0	0.247
Cincinnati.....	455,610	20.0	—	27.8	47.8	0.104
Detroit.....	1,750,000	50.0	—	90.0	140.0	0.080
Los Angeles.....	1,661,000	40.2	13.8	94.8	148.8	0.089
New Orleans.....	530,000	41.9	—	31.4	73.3	0.138
New York City.....	7,521,000	317.5	—	441.6	759.1	0.101
Philadelphia.....	1,957,549	116.1	—	81.7	197.8	0.101
Pittsburgh.....	671,659	84.3	—	37.0	121.4	0.180
San Francisco.....	675,000	56.1	7.1	66.7	129.9	0.192
St. Louis.....	814,717	1.0	55.3	47.9	104.2	0.127

reports that Federal Grants to the States in 1943 amounted to approximately \$11,000,000, with State expenditures totalling about \$7,000,000.

MUNICIPALITIES AND VENEREAL DISEASE CONTROL

Figures are not available for municipal expenditures for venereal disease control. In fact, it is believed that very few Canadian cities have in the past made provision for a separate budget for this purpose. It is under-

In 1943, there were 50,286 beds and cribs in hospitals for the treatment of diseases other than tuberculosis and mental illness. This represented 4.3 beds for every 1,000 of the population.

The extent and recent growth of such hospitals is shown in Table 22, which indicates the number and capacity of such hospitals by provinces, and the ratio of bed capacity to the general population for 1933 and 1943.

TABLE 21—NUMBER AND BED CAPACITIES¹ OF HOSPITALS IN CANADA BY TYPE OF HOSPITAL, 1942
(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics)

—	PUBLIC								PRIVATE ³		TOTAL	
	Acute Disease ²		Chronic and Incurable		Contagious Diseases		Convalescent					
	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds	Number	Beds
CANADA.....	574	54,509 ⁴	21	3,627	13	1,608	10	813	286	4,475	904	65,032
Prince Edward Island..	4	295	—	—	—	—	—	—	—	—	4	295
Nova Scotia.....	30	2,671	—	—	1	73	—	—	4	43	35	2,787
New Brunswick.....	18	1,752	1	32	—	—	—	—	4	95	23	1,879
Quebec.....	71	13,831	5	1,123	4	647	3	412	49	1,264	132	17,277
Ontario.....	145	15,936	8	1,429	3	474	6	336	52	1,019	214	19,194
Manitoba.....	39	3,810	1	415	2	297	1	65	10	139	53	4,726
Saskatchewan.....	89	4,475	2	222	—	—	—	—	97	848	188	5,545
Alberta.....	89	5,509	3	142	3	117	—	—	32	246	127	6,014
British Columbia.....	78	5,840	1	264	—	—	—	—	38	821	117	6,925
Yukon and N.W.T....	11	390	—	—	—	—	—	—	—	—	11	390

¹ Includes adult beds, cribs and bassinets.

² Includes General, Women's, Children's, Red Cross and Not Classified.

³ Not designated as to type.

⁴ Excluding 1,779 beds in 29 tuberculosis units in acute disease hospitals.

There was a marked increase in the number of hospital beds in all provinces from 1933 to 1943, the greatest increase occurring in Alberta, which had the highest proportion of beds in relation to the population in 1943. In the same year Prince Edward Island, where the increase in bed capacity had been least, had the lowest proportion of beds per 1,000 population. New Brunswick and Ontario, where hospital capacity in relation to the population was comparatively low in 1943, also showed relatively little increase during the previous ten years. In British Columbia, where 1933 hospital capacity was the highest in Canada, and 1943 capacity second highest, there was a decrease in the number of beds per 1,000 population attributable to the

fact that increase of hospital facilities was less rapid than population growth.

Almost half the accommodation in Canadian public hospitals is in those with more than two hundred beds, and less than five per cent in those with less than twenty-five beds. The trend in recent years has been toward larger hospitals, for modern scientific medical care requires facilities and personnel which can only be supplied in such institutions. At the same time, the lack of small hospital facilities in Canada means that people in many rural areas are without adequate hospital care.

Table 23 shows an analysis of bed capacity of Canadian public hospitals in relation to the size of hospital.

TABLE 22—HOSPITALS IN CANADA,² BY PROVINCES, 1933 and 1943

(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics)

—	1933			1943			Per cent increase		
	Number of hospitals	Number of Beds and Cribs	Beds and Cribs Per 1,000 Population	Number of hospitals	Number of Beds and Cribs	Beds and Cribs Per 1,000 Population	Number of hospitals	Number of Beds and Cribs	Beds and Cribs Per 1,000 Population
CANADA.....	534	41,877	3.9	585	50,286	4.3	9.6	20.1	10.3
Prince Edward Island.....	3	232	2.6	4	261	2.9	33.3	12.5	11.5
Nova Scotia.....	27	1,566	3.0	31	2,416	4.0	14.8	54.3	33.3
New Brunswick.....	17	1,294	3.1	18	1,562	3.4	5.9	20.7	9.7
Quebec.....	73	11,599	3.9	79	13,978	4.0	8.2	20.5	2.6
Ontario.....	147	12,793	3.6	153	14,658	3.7	4.1	14.6	2.8
Manitoba.....	33	2,928	4.1	41	3,473	4.8	24.2	18.6	17.1
Saskatchewan.....	80	3,227	3.5	88	3,814	4.5	10.0	18.2	28.6
Alberta.....	81	3,730	5.0	92	4,929	6.2	13.6	32.1	24.0
British Columbia.....	73	4,508	6.3	79	5,195	5.8	8.2	15.2	-7.9

¹ Includes General, Women's, Children's, Contagious Diseases, Convalescent, Red Cross and not classified.

TABLE 23—BED CAPACITY¹ OF CANADIAN HOSPITALS, BY SIZE OF HOSPITAL, 1942
(Source: Institutional Statistics Branch, Dominion Bureau of Statistics)

	Total		1-25 Beds		26-50 Beds		51-100 Beds		101-200 Beds		201 Beds and over	
	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds
CANADA	586	56,484	156	2,663	159	5,953	118	8,379	85	11,843	68	27,646
Prince Edward Island.....	4	295	1	18	—	—	2	159	1	118	—	—
Nova Scotia.....	31	2,672	3	55	9	357	11	787	4	546	4	927
New Brunswick.....	18	1,752	2	32	3	136	7	480	5	656	1	448
Quebec.....	78	14,890	3	68	12	467	18	1,291	19	2,878	26	10,186
Ontario.....	154	16,746	36	484	39	1,532	26	1,778	35	4,815	18	8,137
Manitoba.....	42	4,172	9	183	15	573	7	500	6	824	5	2,092
Saskatchewan.....	89	4,485	46	818	22	765	13	932	4	611	4	1,359
Alberta.....	92	5,632	31	578	35	1,243	17	1,230	3	401	6	2,180
British Columbia.....	78	5,840	25	427	24	880	17	1,222	8	994	4	2,317
Per cent total bed capacity .....	.....	100.00	.....	4.71	.....	10.54	.....	14.84	.....	20.97	.....	48.94

¹ Including adult beds, cribs and bassinets.

Small hospitals are relatively most important in Alberta and Saskatchewan, where the development of publicly-owned hospitals, through joint action by provincial and municipal authorities, and through inter-municipal cooperation, has led to the extension of hospital facilities to sparsely-populated districts. It is significant that Alberta, which has the largest number of hospital beds in relation to the population in Canada and where increase in capacity is second highest, also has a high proportion of beds in small hospitals.

AUTHORITIES ADMINISTERING HOSPITALS

Most Canadian hospitals are administered by religious groups or by lay voluntary boards on a non-profit basis, although in recent years, the municipal hospital, urban and rural, has been increasing in importance in the Canadian hospital system. A number of large urban centres have civic hospitals, while the municipal or "union" hospitals, which have been referred to, are becoming numerous in rural areas, particularly in the Prairie provinces.

Table 24 shows the distribution of hospitals in Canada under the various operating groups.

TABLE 24—CONTROLLING BODIES OF HOSPITALS¹ FOR ACUTE AND CHRONIC DISEASES IN CANADA, 1941

(SOURCE: Institutional Statistics Branch, Dominion Bureau of Statistics)

—	Hospitals	Adult Beds and Cribs	Bassinets
Voluntary—			
Lay.....	215	20,106	2,478
Roman Catholic	181	21,886	1,593
Red Cross and Junior Red Cross.....	44	590	160
United Church.....	19	546	103
Salvation Army.....	11	688	295
Anglican Church.....	6	211	19
Other.....	17	733	92
Municipal (including union)....	120	8,842	1,213
Provincial.....	4	950	31
Dominion.....	175	9,493	6
Private (including industrial)...	325	3,867	776
TOTAL.....	1,117	67,912 ²	6,766

¹Including Children's, General, Women's, Contagious Diseases, Convalescent, Red Cross, Incurable, and Not Classified. Excluding Tuberculosis Sanatoria and Mental Hospitals.

²Including 2,090 beds in 37 tuberculosis units in acute disease hospitals.

Canada has relied principally on voluntary effort, through religious and lay bodies, for the development of hospital facilities. "Public" hospitals in Canada include not only those administered directly by a public authority, but all those which are subsidized out of public funds and admit patients irrespective of financial status, race, religion or colour.

Reliance upon the voluntary hospital system, while it has many advantages, has led to a lack of coordinated planning to meet the hospital needs of all the people of Canada. As a result, some communities lack hospital facilities, while in others there may be duplication. Some areas have a surplus of private ward beds, and a shortage of public ward beds. Many rural areas are still without adequate hospital accommodation.

HOSPITAL REQUIREMENTS

A variety of factors affect the need for hospital accommodation generally, and for the particular type of facilities necessary to meet requirements in different parts of the country. The demand for hospital care is influenced by many variables, including the attitude of the public, economic status, the age distribution of the population, the birth and death rate, and the prevalence of disease.

Accommodation for Special Types of Patients

Hospital accommodation is badly needed for the incurable and chronically ill, for convalescents, senile patients and for patients with communicable diseases.

As indicated in Table 21, there were only 21 hospitals with a total bed capacity of 3,627 to give care to the incurable and the chronically ill in all Canada in 1942. With the exception of a few large cities, most communities have no accommodation for such patients.

With respect to convalescent patients, the situation is even worse. There are only 10 convalescent hospitals in Canada, with a total of 813 beds. There are no public convalescent hospitals in Prince Edward Island, Nova Scotia, New Brunswick, Saskatchewan, Alberta nor in British Columbia although some of these provinces have private nursing homes where convalescent patients are accommodated.

More accommodation is urgently required for senile patients. Discharge of this type of patient from general hospitals is delayed because of the lack of facilities for care in the community. Most existing institutions for old people prefer inmates who can look after themselves; most, too, depend entirely for their support on voluntary contributions.

Shortage of accommodation for all these types of patients, and for the mentally ill, results in pressure upon general hospital facilities. More beds for the chronically ill, for convalescents and for senile patients in institutions adapted to their special needs would not only be better for the patients themselves, but would result in the liberation of many hospital beds for more acute patients.

For patients suffering from contagious diseases, there are only 13 hospitals in all Canada, with a total capacity of 1,608 beds. A number of general hospitals have a few isolation rooms where such patients can be kept, but these are too few in number and frequently lack proper equipment for adequate isolation.

Lack of facilities for such patients is due in part to the fact that intermittent patronage and the special care required make such provision costly; and possibly in part to the fact that responsibility for providing hospital facilities for contagious diseases has generally been placed upon the municipalities.

Although the need for general hospital accommodation would be decreased through the provision of better facilities for care of special patients, additional general hospital beds are required in many sections of the country.

Availability of Accommodation

The availability of hospital accommodation is related to geographic and economic factors. The first of these involves the problem of bringing the hospital and the patient together, and the second is the problem of paying the cost of care.

Bringing the Patient and Hospital Facilities Together

Modern methods of communication and transportation, together with the development of specialized treatment procedures necessitating care by trained personnel in well equipped hospitals, have led to a new conception of bringing the patient and the hospital facilities together. This involves the construction of hospitals in districts not adequately served in terms of their particular needs, the setting up of outposts for emergency and less complicated work, facilitation of the transportation of patients to hospitals through the improvement of roads and the extended use of airplanes.

The extension of diagnostic facilities for both rural and urban areas, and the development of nursing programmes are also directly related to the problem of bringing patients promptly to the hospital for care.

MEETING THE COST OF CARE

Costs of treatment in the relatively small number of private hospitals are met wholly through patients' fees. In some of the smaller publicly-owned municipal hospitals, full hospital treatment is provided without direct charge to residents of the municipality, the costs being met out of tax funds. In other municipal hospitals, and in all the voluntary hospitals, patients are charged for service, and those who cannot afford to pay are given care in public wards, costs for their care usually being met by the province and municipality in which they are legally resident. In the case of indigent patients, a means-test is imposed by the hospital, or by the responsible municipality, or both.

In addition to making per capita per diem grants for the treatment of patients, provincial and municipal governments also subsidize hospitals in a variety of ways, including tax exemptions, direct lump-sum grants, the payment of deficits and the guarantee of debentures.

Apart from capital expenditures, provincial and municipal contributions to operating revenue of Canadian hospitals amounted to more than \$11,383,000 in 1943. At the same time, this was less than one-fifth of the total maintenance expenditures, which were met principally by contributions from paying patients. Expenditure of public (acute disease) hospitals in Canada is shown in Table 25, together with an analysis of sources of funds.

TABLE 25—EXPENDITURE AND SOURCE OF FUNDS OF GENERAL PUBLIC (ACUTE DISEASE) HOSPITALS 1943

(SOURCES: Institutional Statistics Branch, Dominion Bureau of Statistics, Unless Otherwise Noted)

(thousands of dollars)

—	Total Maintenance Expenditure	Source of Funds						Total Revenue
		Province	Municipalities	Other Grants	Net Earnings from Patients ¹	Total Operating Revenue	Other Special and Capital Revenue ²	
CANADA.....	59,319	4,929	6,354	361	41,843	53,487	7,144	60,631
Prince Edward Island.....	291	20	4	8	228	260	41	301
Nova Scotia.....	2,584	287 ³	83	10	1,814	2,194 ³	369	2,563 ³
New Brunswick.....	1,711	19	128 ⁴	3	1,397	1,547	150	1,697
Quebec.....	15,547	1,310 ⁵	1,520 ⁶	65	10,420	13,315	2,754	16,069
Ontario.....	19,739	820	1,858	39	14,754	17,471	1,870	19,341
Manitoba.....	3,498	356	666	39	2,235	3,296	200	3,496
Saskatchewan.....	3,712	489	874 ⁶	6	2,173 ⁶	3,542	174	3,716
Alberta ⁷	4,700	544	381 ⁸	148	3,843	4,916	430	5,346
British Columbia.....	7,537	1,084	840	43	4,979	6,946	1,156	8,102

¹ Probably contains some amounts paid by municipal hospital districts.

² Includes provincial and municipal contributions for special and capital expenditures.

³ Victoria General Hospital deficit of 112 as indicated in the Provincial Public Accounts has been added.

⁴ A municipal statistics report of the Department of Federal and Municipal Relations shows 274 as the cost to the cities, towns and counties, of hospitals other than those providing mental and tuberculosis care.

⁵ After transferring 1,200 from province to municipalities since the latter pay their share of the cost to the province.

⁶ After transferring 796 paid by municipalities for patients' fees to "municipalities".

⁷ As shown in the annual report of the Alberta Department of Public Health. These figures are on a somewhat different basis from those for other provinces.

⁸ Tax requisitions only. The municipalities probably made other payments for indigents and to meet hospital deficits the amount of which is not known.

PROVINCIAL ORGANIZATION AND ARRANGEMENTS FOR CARE

Hospital legislation and practice has developed along different lines in different parts of the country, so that there is a considerable degree of interprovincial variation with respect to organization and arrangements for hospital care. This is described in the following summary of provincial practice.

Prince Edward Island—There is no Hospital Act in Prince Edward Island, and no per capita per diem payments are made by public authorities. The province, however, gives \$6,000 annually to each of the two general hospitals in Charlottetown, and to the hospital in Summerside. The two other general hospitals in the province receive annual grants of \$2,000 and \$1,500 respectively from the provincial government.

Charlottetown makes annual grants of \$1,500 to both of its general hospitals, and Summerside pays \$600 annually to the hospital in that city. There are no convalescent hospitals in the province, and no hospital for communicable diseases. Incurable cases are given care in the Provincial Infirmary associated with the Falconwood Mental Hospital.

Nova Scotia—The provincial government contributes toward the cost of caring for all patients in Nova Scotia hospitals, while primary responsibility for the costs of indigent hospitalization rests with the municipal authorities.

Provincial aid is given to a hospital on condition that the municipality in which the institution is situated shall contribute at least \$500 annually toward maintenance costs. Other conditions for provincial aid include the approval of plans and specifications, regular inspection by provincial hospital authorities, and the appointment of a representative to the governing board of the hospital.

The provincial grants are made at the rate of 30 cents per patient per diem for the first 5,000 days, until the amount to any one hospital equals \$1,500. The rate is then reduced to 20 cents per patient per diem.

Municipal grants vary from the minimum to a maximum of \$2.00 per patient per diem.

Nova Scotia hospital legislation includes a provision whereby the hospital may collect from the municipality in which the patient claims legal residence, leaving the municipal authority to recover the costs from the patient, his family, or the municipality actually legally responsible.

Nova Scotia maintains a general hospital under provincial authority in the city of Halifax.

No special provision for the care of contagious diseases is made outside Halifax, and there is no hospital for the care of convalescents. This latter type of patient, along with those who are incurably ill, may be given care as indigents in local poorhouses, or municipal homes.

New Brunswick—No per diem grants are made for patients in general hospitals in New Brunswick, aid from the province to the various institutions being given in the form of lump sum grants, which amount to some \$20,000 annually. Municipalities are responsible for all patients unable to pay for hospital maintenance. Fees for such cases are chargeable at the average per

diem cost for the current or immediately preceding year. In addition, a few municipalities make small grants to local hospitals.

There is no convalescent hospital in the province, but care for indigent convalescent patients, and for the incurably ill, may be provided in local institutions for the poor.

Quebec—Inspection of hospitals and administration of grants is under the direction of the Provincial Department of Health and Social Welfare. While municipal hospitals exist in Quebec, most institutions are operated by private bodies, usually religious orders. The cost of caring for indigent patients is met through equal contributions by the province, the responsible municipality, and the hospital authority. These grants, made in accordance with the Public Charities Act, are given on a sliding scale for each type of hospital, according to the care provided for patients.

General hospitals receive grants varying from \$1.00 to \$1.50 per patient per day from both the province and the municipality in which the indigent person is domiciled. These hospitals are paid the highest rate for their respective classes for all hospitalization not exceeding one hundred days, and a lower rate for each additional day.

Convalescent hospitals receive grants of 67 cents from both the province and the municipality for the first 50 days for each patient, 50 subsequent days being paid for at 50 cents a day.

Grants for incurables are at a daily rate of 75 cents during medical treatment, 50 cents a day being paid by the province and by the municipality for each patient cared for as a chronic case.

For the confinement of indigent unmarried mothers in maternity hospitals, the provincial and municipal authorities each contribute \$1.00 per patient per day for 20 days. Children's hospitals and crèches receive grants from both governments varying from \$1.00 (in the case of special surgical treatment) to 30 cents, while grants to hospitals for infirm children are at the rate of 50 cents a day.

Indigent patients in hospitals for contagious diseases are paid for on the basis of \$1.50 a day from both provincial and municipal governments.

Hospitals which specialize receive grants for indigent patients at the rate of \$1.50 per day for the first 60 days, \$1.00 for the 60 days following, and 67 cents for the balance of the patient's stay, equal grants being made in each case by the province and by the responsible municipality.

Ontario—General hospitals, convalescent hospitals and hospitals for incurables are administered in Ontario by voluntary or local public authorities under the supervision of the Hospital Branch of the Provincial Department of Health.

The province pays 75 cents per diem for the first 60 days' treatment of an indigent patient in a general hospital, and 50 cents daily thereafter. The municipal rate for indigents is fixed by statute at \$2.25 a day.

An Order in Council, effective January 1, 1945, provides for an increase of 15 cents a day in the provincial grant when the municipality concerned has agreed to pay 25 cents a day voluntarily for indigents, in addition to the statutory rate.

Grants for indigent patients in general hospitals from districts without municipal organization are made by the province at the rate of \$2.75 per patient per diem.

In cases of indigency, care of newborn babies in general hospitals is paid for by the province at the rate of 30 cents a day for 14 days, the municipal grant being fixed at 60 cents a day. Cases from unorganized territory are paid for by the province at the rate of \$1.00 a day for 14 days.

Grants for indigent patients in convalescent hospitals are made by the province at the rate of 40 cents a day, while municipalities pay \$1.25 per patient per day for their residents. The province pays \$1.65 for residents of unorganized districts.

Hospitals for incurables receive per patient per diem payments of 50 cents from the province and \$1.50 from the municipality responsible.

Manitoba—Hospital grants given through the Hospitals Division of the Manitoba Department of Health and Public Welfare are conditional on a minimum capacity of fifteen beds. Grants are paid by the province at the rate of 50 cents per patient per diem for public ward patients, the municipal grant being set at the average cost of public ward care for the preceding year, provided the sum does not exceed \$2 per diem. For newborn babies born in hospitals, the province pays 25 cents a day and municipalities \$1.

Municipalities are required, after three weeks' written notice, to pay \$2 per patient per diem for the care of indigent incurables and cases unsuitable for hospital treatment.

Saskatchewan—Provincial grants to hospitals in Saskatchewan are made for every patient through the Provincial Health Department. Hospitals are graded, and per diem grants vary from 30 cents to 50 cents per patient.

Municipalities are required to pay \$2.50 per diem for indigents admitted at the request of the municipality, or, in cases of emergency, without request.

Provision is also made for payment of grants under the Health Services Act, directly to hospitals or to municipalities responsible for health services. Municipalities are empowered, under the various municipal Acts, to take over, purchase or maintain hospitals, and to arrange for treatment of patients at municipal expense.

Alberta—Hospital grants, administered in Alberta under the superintendent of municipal hospitals in the provincial Department of Health, are paid for all patients at the rate of 45 cents a day for 120 days, certain exceptions being allowed as to length of stay at provincial expense. Two hospitals receive a contract grant of 90 cents per patient per diem for orthopaedic and other long treatment cases.

Municipalities pay the public ward charge for indigent patients up to a statutory maximum but make no statutory grants for all patients comparable to those made by the province.

British Columbia—Grants, administered by the Provincial Board of Health, are made in British Columbia to hospitals complying with the Hospitals Act. Aid to hospitals takes the form of per capita grants based on a graded schedule varying from 70 cents to \$1.25 per day.

The grant is paid in respect to all patients, whether indigent or not, and hospitals receiving such grants may

not refuse to admit any patients on account of their indigent circumstances. The municipal grant is set at 70 cents per day for the treatment of all patients who are legally resident in the municipality.

SOURCES:

Brief of the Canadian Hospital Council to the House of Commons Special Committee on Social Security, April 9, 1943.

Provincial Departments of Health.
Dominion Bureau of Statistics.

8. SPECIAL SERVICES

PROFESSIONAL TRAINING, PUBLIC HEALTH RESEARCH, CRIPPLED CHILDREN AND CIVILIAN BLIND

PROFESSIONAL TRAINING

In their submissions to the Select Committee on Social Security of the House of Commons and to the Advisory Committee on Health Insurance many of the professional groups have pointed out the lack of, and the need for, trained personnel in the extension of public health services and for the introduction of health insurance.

In a statement of the supply and distribution of physicians in Canada (estimate as at July, 1945) the Canadian Medical Procurement and Assignment Board has supplied factual data on this subject.

General Trend—The number of physicians in Canada slightly more than doubled in the forty years from 1901 to 1941. While this was a substantial increase, the supply of physicians barely kept pace with the growth of the population.

Table 26 relates the growth of population to the increase in physicians in Canada for the census years 1901 to 1941. The physician and population figures for 1941 include both civilian and armed forces.

TABLE 26—PHYSICIANS AND POPULATION IN CANADA—CENSUS YEARS 1901 TO 1941

Year	Physicians ¹	Population	Population per Physician	Physicians per 1000 Population
1901.....	5,475	5,323,967	972	1.03
1911.....	7,411	7,191,624	970	1.03
1921.....	8,706	8,775,804	1,008	0.99
1931.....	10,020	10,362,833	1,034	0.97
1941.....	11,489 ²	11,489,713 ²	1,000	1.00

¹ Excluding retired physicians.

² Including both civilian and armed forces.

It will be noted that remarkably little change occurred in the population-physician ratios during this forty-year period. The fact that a population-physician ratio is now the same or different from what it was twenty or thirty years ago is only one indication. It must be considered along with other factors. For instance, transportation facilities are now much improved and a physician can accomplish much more in any area now than formerly. On the other hand, utilization of and demand for medical care is greater now than it was twenty years ago.

National Health Survey, March, 1943—The supply of Canadian physicians was surveyed in March, 1943, by the Canadian Medical Procurement and Assignment Board. In the Report of that survey, 12,245 physicians

were recorded, of whom 3,006 were serving in the armed forces, and 9,239 were in civilian life in Canada. The 9,239 civilian physicians included 8,624 active and 615 retired physicians.

Supply of Physicians, July, 1945—A survey of the supply of physicians has been made from the records of the Canadian Medical Procurement and Assignment Board in July, 1945. This survey indicated a total of 13,275 Canadian physicians, which included 8,843 active and 578 retired civilian physicians, and 3,854 medical officers in the three armed forces.

Net Increase of Civilian Physicians since March, 1943—There has been a net increase of 219 active physicians in civilian medical services from March, 1943, to July, 1945. This increase of active civilian physicians is over and above the loss of active physicians through deaths, retirement, emigration, etc. It may be accounted for principally by medical graduates who did not enlist in the armed forces, medical officers struck off strength from the three armed forces who returned to civilian practice and medical officers in the armed services who have been seconded to meet urgent civilian needs.

It is estimated that as high as 15 per cent of medical graduates since March, 1943, have not entered the armed services. For example of the 521 medical graduates from Canadian universities in 1944, 109 had not enlisted as privates under the Army enlistment plan for medical students. This number included, for the most part, students of low medical category, female medical students and foreign-born students. It is considered that a large percentage of those who did not so enlist are providing civilian medical services in Canada.

The armed services have struck off strength upwards of 500 medical officers since March, 1943. While some of these medical officers are now retired or physically unable to carry on civilian practice, a large proportion have returned to civilian medical employment. For instance, in 1944, the R.C.A.M.C. in Canada struck off strength 168 medical officers and a check of these revealed that upwards of 90 per cent are now employed in the medical profession as civilians.

Since March, 1943, the civilian supply of physicians has been supplemented by medical officers seconded from the armed services. Under Order in Council 75/2247, dated April, 1945, 32 medical officers in the armed services are presently seconded to civilian communities and institutions, urgently in need of medical services.

Future Supply of Physicians—The future supply of physicians in Canada will be determined by a number of factors including the output of medical schools, immigration and emigration, the repatriation of foreign-born students, deaths and retirements.

Output of Canadian Medical Faculties—The supply of physicians in Canada is primarily dependent upon the facilities in the country for educating and training physicians. At the present time there are nine medical faculties from which doctors are graduated.

The National Health Survey reviewed the trend of the output of these medical schools over the past twenty-five years. An average of 526 students graduated annually from these nine medical schools during the twenty-year period 1925 to 1944, while in the four-year period 1936 to 1939 an average of 491 students graduated annually.

Table 27 provides information on the number of graduates in the years 1940 to 1947. Figures for 1945, 46, and 47 are estimates.

TABLE 27—NUMBER OF GRADUATES OF CANADIAN MEDICAL FACULTIES, 1940-1947

University	1940	1941	1942	1943	1944	1945 ¹	1946 ¹	1947 ¹
Alberta.....	35	37	46	69	37	33	40	—
Dalhousie...	35	42	42	73	32	43	—	28
Laval.....	49	51	67	101	54	65	100	90
Manitoba...	45	62	54	51	59	110	62	—
McGill.....	162	86	89	191	92	101	—	108
Montreal...	48	53	51	103	48	56	47	78
Queen's.....	58	44	39	93	40	44	40	46
Toronto....	138	138	114	209	125	118	134	128
Western....	29	30	36	61	34	33	37	36
TOTAL....	599	543	538	951	521	603	460	514

¹ Estimated number of graduates.

A comparison of the average output for the four pre-war years (491 students annually) with the average output of the war years, 1940 to 1945 (626 graduates annually) indicates the increase in the output of medical students during the war years.

The introduction of accelerated time-tables by medical schools resulted in a substantial increase in medical graduates in 1943. The accelerated programme did not mean an increase in the number of students enrolled in medical schools. Approximately the same number of medical students were trained under this programme as formerly, but they were trained in a shorter period of time.

While the accelerated programme increased the supply of physicians temporarily by speeding up the training through the reduction of vacation periods, the additional number of graduates gained under the plan will be lost within the next few years. Various medical schools will have a year when there will be no graduating class. For instance, there will be no medical graduates from Dalhousie and McGill Universities in 1946, while in 1947 Alberta and Manitoba Medical Faculties will have no graduates.

While there has been a substantial rise in the output of physicians in Canada during the six-year period 1940 to 1945 (an average of 626 annually), there will be a reduction in this level of output in 1946 and 1947 (460 graduates in 1946, 514 graduates in 1947 or an average of 487 annually).

The R.C.A.M.C. enlistment plan was modified on January 1, 1945. At that date further enlistments under the plan were discontinued. However, in view of the fact that the total period of enlistment under this plan may be twenty-eight months, there was a substantial number of medical students and internes enlisted prior to that time.

Approximately 854 medical students were enlisted as privates in the R.C.A.M.C. enlistment plan as at June 30, 1945. This includes 199 who will have completed their internship and training at medical school in the last six months of 1945, 498 who will be available in 1946 and 157 who will be available in 1947.

It will be noted in Table 27 that there will be 460 graduates in 1946, while 498 will be available for commissioning in that year. The difference between these two figures is caused by the fact that the type of internship varies for medical graduates in different medical schools. Some internships are under-graduate and some post-graduate. The 498 figure includes some 1945 graduates and some 1946 graduates.

Medical Officers in the Armed Forces—As at June 30, 1945, there were 3,854 medical officers serving in the Canadian armed forces. This number included 406 medical officers in the Navy, 2,748 in the Army, and 700 in the Air Force.

The physicians in the armed services make up a large reservoir of trained medical manpower which will be released for re-employment in civilian medical services as the exigencies of the three armed services permit. Numerically this supply of physicians is roughly equivalent to the output of Canadian medical schools for seven years.

Deaths of Physicians—The number of physicians in Canada is reduced each year by deaths. There was an average of 220.4 deaths of physicians annually in the five-year period 1939 to 1943. Table 28 provides information on deaths of Canadian physicians by age groups for the years 1926 to 1943 inclusive. This supplements the information provided in the National Health Survey which set forth this data for the years 1926 to 1940.

TABLE 28—DEATHS OF PHYSICIANS BY AGE GROUP—
1926 TO 1943

(Source: Figures supplied by Dominion Bureau of Statistics)

Year	20-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
1926....	—	7	21	32	41	34	24	159
1927....	—	14	12	18	45	39	23	151
1928....	—	10	14	35	43	35	43	180
1929....	—	2	12	32	40	66	35	187
1930....	1	11	12	32	41	39	37	173
1931....	—	8	15	41	44	44	29	181
1932....	—	8	11	22	43	54	39	177
1933....	—	7	14	21	42	56	44	184
1934....	1	7	8	18	59	61	39	193
1935....	—	12	10	28	61	57	45	213
1936....	—	6	9	17	56	48	46	182
1937....	—	8	13	32	50	46	54	203
1938....	—	5	12	27	63	66	53	226
1939....	—	8	12	22	66	64	43	215
1940....	—	2	14	31	47	72	62	228
1941....	—	4	16	25	46	72	67	230
1942....	—	4	19	20	59	72	43	217
1943....	—	6	11	32	50	64	49	212

Immigration and Emigration—The National Health Survey estimated the loss of trained medical personnel in pre-war years through the repatriation of foreign-born students to be between 5 and 10 per cent of the output of Canadian medical schools. The number of foreign-born medical students varies from one medical school to another. A large proportion of these medical students return to their own country after graduation. The number of these students has been slightly lower during the war years than in pre-war years.

The National Health Survey pointed out that there is a considerable amount of emigration of Canadian physicians, principally recent graduates from medical schools. The number of medical immigrants has always been below the number of physicians emigrating. Accordingly, in pre-war years, there was a drift of physicians away from Canada. While no precise figures were available, the National Health Survey estimated loss by emigration to be the equivalent of not less than 10 per cent of medical school output.

The application of labour exit permit control in October, 1942, for the purpose of prohibiting persons essential to the war effort, from leaving Canada, checked the loss of physicians through emigration. Since that time movement of physicians into and out of Canada has been small. However, if the experience of pre-war years is repeated in the post-war years there will be a considerable loss of physicians through emigration.

Retirements—The National Health Survey of March, 1943, recorded 615 retired physicians (or 6.6 per cent of the 9,239 civilian physicians, including 10 physicians in Northwest Territories). Records available for July, 1945, show 578 retired physicians (6.1 per cent of the 9,421 civilian physicians). It would appear that very little change has taken place in the size of the retired group.

There is a wide variation by provinces in the average number of square miles to be served by each physician.

The following figures are illustrative of the situation in July, 1945:

	Square miles per physician
Prince Edward Island.....	39
Nova Scotia	54
Ontario	108
New Brunswick	127
Quebec	169
Manitoba	468
British Columbia	510
Alberta	529
Saskatchewan	573

Details and tabular material as to the distribution of physicians by province, county, district or census division, and by cities and towns are to be found in the report.

PUBLIC HEALTH RESEARCH

Public Health Research in the main has been neglected in Canada. Very few provinces have been in a position to pay much attention to the subject and very little was carried on by the Department of Pensions and National Health. Many of the submissions to the Government have pointed out the need for a comprehensive programme of research in regard to public health problems and particularly for field studies in public health.

The high mortality rates of certain diseases indicate that there are many health problems that require to be investigated in order that active steps may be taken for their solution. Some of these problems are interprovincial and international in nature and the provinces have no jurisdiction or means to study them without assistance and proper coordination. Noteworthy among these problems are maternal and infant mortality, sili-

cosis, Rocky Mountain spotted fever, sylvatic plague, tularæmia, encephalitis, poliomyelitis, trichinosis and others. Unless the Dominion assumes some responsibility for providing the means to investigate these problems they will remain uncontrolled and present an ever present danger.

The Social Security Act of the United States provides an annual appropriation of \$2 million for research activities to the United States Public Health Service for the expense of cooperation with the States in this connection. It is stated that the need in Canada is as great as in the United States and that as diseases and disabilities are not confined to local areas the Dominion should provide some leadership and funds in the field.

In a submission to the Committee on Social Security on May 21, 1943, the Canadian Public Health Association stressed the need for more adequate provision for medical research in Canada as follows:

"THE IMPORTANCE OF MEDICAL RESEARCH
TO HEALTH INSURANCE"

"When health insurance was introduced in Great Britain in 1911 provision was made that a small part of each contributor's annual payment should constitute a fund for the advancement of medical research. As a result of this foresighted provision the Medical Research Council of Great Britain was established, the National Institute for Medical Research organized, and great progress made in medical research in the British Isles. As the years have passed, additional funds have been made available, which is ample evidence of the recognition of the value of this investment.

Little provision is made by the Dominion Government to further medical research in the universities and hospitals in Canada, apart from limited funds made available during the past few years through the National Research Council of Canada. The work of the Associate Committee on Medical Research organized in the National Research Council just prior to the war, has demonstrated the importance of leadership in this field, as well as the need for greatly increased funds to support research. It will indeed be a most serious loss if in the provisions of national health insurance, no provision is made for medical research in Canada. Only by advances in our knowledge can more effective treatment and prevention be accomplished and health insurance be made economically possible and effective in its objective of better health for the people of Canada."

CRIPPLED CHILDREN

The Director of Public Health Services of the Department of National Health and Welfare, in December, 1944, estimated that there was a total of 50,000 children in Canada suffering from crippling conditions.

The Manitoba Department of Health has begun a registration of crippled children and found that one per thousand is crippled. There are, in that province, a total of 734 children for whom remedial action would bring beneficial results.

The provinces, generally, have not made a great deal of provision for the care and training of crippled children. This has been left to the interest of voluntary organizations almost entirely. Opportunities for care and training for a child who has had the misfortune to be crippled are provided in some provinces. However, there is no part of Canada in which the facilities for crippled children's work are completely satisfactory.

A crippled children's programme for Canada has been suggested, to comprise a number of services which may be briefly visualized as follows:

1. The determination of the extent of the problem through surveys conducted by provincial departments and organizations interested in locating crippled children and, in particular, those living in rural areas. In this respect the establishment of a recording and reporting system would be of value.

2. The provision of clinics in cooperation with provincial and municipal officers, doctors, nurses, hospitals and parents. For this purpose the provision of free transportation and free appliances would prove of value.

3. The promotion of a campaign to provide for education of the physically handicapped, including instruction in the home and in open air camps, would help in the solution of the problem.

4. Cooperation with schools, training agencies, local groups and rehabilitation services to provide vocational training, including funds for transportation, board and room, equipment and appliances while undergoing such training, would be of material help.

5. Job placement with the assistance of employment services, rehabilitation services, training agencies and employers and local groups for the placement of the physically handicapped is of extreme importance. Provision should be made to arrange for sheltered workshops and for shut-ins.

6. A Directory of Services for Crippled Children listing all agencies and organizations rendering service to the crippled, together with a description of such service, should be created.

The Canadian Council for Crippled Children was organized in 1937 to act as a unifying national link between organizations actively engaged in the care of crippled children.

There are private organizations responsible for co-ordinating the work for crippled children in six of the provinces. At July 1, 1943, there were hospitals in seven provinces possessing facilities for the treatment of orthopaedic cases. The distribution of these was:

	Private Organi- zations	Hospital Treatment Facilities
Prince Edward Island.....	1	—
Nova Scotia	1	1
New Brunswick	1	—
Quebec	1	8
Ontario	1	14
Manitoba	—	5
Saskatchewan	—	6
Alberta	1	2
British Columbia	—	2

Financial Assistance for Care of Crippled Children

Prince Edward Island—Red Cross Society undertake financial responsibility for indigent cases.

Quebec—Indigent cases are admitted to hospital under the Quebec Public Charities Act.

Ontario—The municipality of residence pays \$1.75 and the Provincial Government pays 60 cents per day for indigent cases. Local service clubs frequently pay hospitalization charges.

Manitoba—Shriners' Hospital accepts patients free of charge. Others are paid by provincial and municipal grants.

Saskatchewan—Municipality of residence, Red Cross and Shriners' Hospital of Winnipeg accept payment for indigent cases.

Alberta—The Province of Alberta pays for public charges. Cases admitted to the Junior Red Cross Crippled Children's Hospital are paid for by the Red Cross.

British Columbia—Per diem grant of 70 cents from Provincial Government up to 300 days; municipal per diem grant in certain instances. In the Crippled Children's Hospital, payment is maintained by Vancouver Welfare Federation.

CIVILIAN BLIND IN CANADA

The number of known blind in Canada, of all ages, totals 12,344 representing those registered with the Canadian National Institute for the Blind and those on Pension to the Blind. Apart from these, there is a very large group comprising those with loss of vision in one eye, or with some progressive type of eye disease, who do not as yet come within the definition of blindness as stated in the Act, together with some who have not made their condition known and whose names have not been brought forward. The definition of blindness is contained in the Dominion Old Age Pensions Act, and the principles to be applied in determining such conditions are found in Regulation 41 of the Regulations made pursuant to the Act. Section 42 of the Act states:

"An application for a pension in respect of blindness may be made at any time after the proposed pensioner has reached the age of thirty-nine years and nine months".

In Table 29 the total number of blind is given according to age groups comparable with those in the Beveridge Report. The greater discrepancies in groups 2, 3, 4 and 5 are probably due to the more stringent definition of blindness used in England as compared with Canada.

TABLE 29—THE BLIND IN CANADA, JANUARY, 1943
BY AGE GROUPS

Age Group	Number	% of total Canada	% of total England (Beveridge report)
1. Under 5 years.....	13	0.11	0.3
2. 5 to 15 years.....	314	2.54	1.9
3. 16 to 39 years.....	1,977	16.02	12.5
4. 40 to 49 years.....	1,441	11.67	10.2
5. 50 to 69 years.....	5,177	41.94	38.8
6. 70 years and over.....	3,422	27.72	36.3
Total.....	12,344 ¹	100.00	100.0

¹ Males 7,118, females 5,226.

Of those shown above who are 40 years of age and over, 6,386 are pensioned under the Act. Their distribution by provinces is given in Table 30.

TABLE 30—DISTRIBUTION OF BLIND BY PROVINCES,
JANUARY, 1943

Population 1941 Census	Province	Number on Pension	Rate per 1,000 population (Pensioners)	Not eligible
11,404,548	Canada.....	6,386	0.56	2,135
93,919	Prince Edward Island...	113	1.20	33
573,190	Nova Scotia.....	621	1.08	179
453,377	New Brunswick.....	755	1.67	640
3,319,640	Quebec.....	2,118	0.64	871
3,756,632	Ontario.....	1,516	0.40	261
722,447	Manitoba.....	373	0.52	32
887,747	Saskatchewan.....	320	0.36	37
788,393	Alberta.....	238	0.30	18
809,203	British Columbia.....	332	0.41	64

NOTE—The higher ratio of blind per 1,000 population in the Eastern Provinces may be due to the fact that they are the oldest settled parts of Canada, from which many young people have migrated West and to the United States.

From Table 30 it is seen that as of January 1, 1943, there were 6,386 pensioners representing, at \$240 per annum, a total expenditure for the previous year of \$1,532,640, the cost being distributed on the ratio of 75 per cent to 25 per cent between Federal and provincial governments.

There are also 2,135 who have applied for pension but were found to be "not eligible" because they are not sufficiently blind to qualify. Most of them will qualify within a few years, representing a possible further annual expenditure of \$512,400 quite apart from the usual increase. It is among such applicants that treatment would be most beneficial.

Although the blind are grouped under the Old Age Pensions Act, the financial commitment is in no way similar since some of the blind pensioners may receive financial aid for thirty or forty years. Prevention of blindness becomes therefore a first essential, with treatment and care second, and finally careful pre-pension selection. Under the Old Age Pensions Act dealing with the blind there is no provision for either treatment or prevention and consequently there are many drawing pensions who could be removed from the rolls by adequate treatment. Starting in 1942 information on this aspect was collected on 534 applications:

APPROVED FOR PENSION—356

Number of cases where treatment might restore useful vision 129 or 36%
No treatment recommended 227 or 64%

NOT YET ELIGIBLE—178

Number of cases where treatment would prevent or delay blindness 124 or 70%
No treatment recommended 54 or 30%

Thus 30 per cent of those awarded pensions were at the time of the award considered curable to the point of restoring useful vision by treatment. Seventy per cent of the group not yet eligible could have their blindness delayed or its possibility removed by proper care.

Health departments are already deeply involved in the prevention of blindness, even though their legislation was not planned primarily for that reason, except in the instance of preventive drops for ophthalmia neonatorum. The other endeavours that are preventive in character are: venereal disease control, the distribution of Insulin to those unable to pay, prevention and control of tuberculosis, nutrition measures, control of all types of infectious diseases, school medical inspection and the provision of sight-saving classes, and accident prevention.

It may be desirable to place the whole problem of blindness, both prevention and treatment, in the hands of the departments of public health. Not with the expectation that they would maintain treatment centres but that they should undertake to provide direction, probably under some pre-arranged plan of payment in order that those who could be helped by treatment should not go without because of technicalities and eventually become a total charge on the State.

At the present time there is no arrangement whereby the Provincial Old Age Pensions authority may provide treatment to restore sight where it is thought possible by the oculist, or to apply treatment for those with failing vision who may become a total charge on the State if left untreated.

Payment of pensions to blind persons is limited by the Act to people who have reached the age of forty years. The young person with the aid of treatment might become self-supporting while experience has shown that if nothing is attempted until the blind are past middle life very little can be done from the standpoint of rehabilitation largely because of lost initiative and vigour.

It is considered sound that pensions should be linked with treatment and training and given only when the other two fail, and that the age limit should be lowered to twenty-one years or even less, considering that the blind or partially sighted have either no or a greatly reduced earning capacity until trained.

The employability of the 1,631 registered blind between ages of 20 and 40 years as provided by the Canadian National Institute for the Blind, is as follows:

Blind males, employed	400	
" " partially employed	468	
" " unemployable	153	
Blind females, single, employed	150	
" " " partially employed	230	
" " " unemployable	67	
Blind females, married, employed	15	
" " " partially employed	124	
" " " unemployable	24	1,631
<hr/>		
Unemployable group includes:		
Unemployable, mental	142	
" other	102	244
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The above indicates the high employability of the blind between the ages of 20 and 40.

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Much is now understood concerning the causes, prevention and treatment of blindness. What remains is the integration and application of this knowledge under the proper department of government.

SOURCES:

"Supply and Distribution of Physicians in Canada", Canadian Medical Procurement and Assignment Board, Ottawa, 1945.

Report of the Advisory Committee on Health Insurance.

Minutes of Proceedings and Evidence, the Special Committee on Social Security.

"The Blind in Canada", F. S. Burke, M.D.

9. HEALTH INSURANCE

Health Insurance is simply a plan to assure that a person's medical care is not limited by his or her financial resources and the pooling of costs resulting from the plan. When it is operated as a government or state measure it usually implies compulsory payments by or on behalf of the persons in the class or area covered. The payments may be in the form of specified contributions, a special tax, general taxation or a combination of two or all of these forms.

Movements in the direction of modern state health insurance plans appeared towards the middle and latter part of the 19th century in Western and Central Europe where the existing voluntary institutions were used as the basis of organization. The voluntary institutions were self governing mutual benefit societies the membership of which was drawn in varying degrees of coverage from workers in particular occupations or undertakings or irrespective thereof in a particular locality.

A compulsory system of health insurance covering all employed persons aged 16 to 65, with the exception of non-manual workers whose annual remuneration exceeded £160, and certain casual and unpaid workers went into effect in Great Britain and Ireland in 1912 following the passage of the National Insurance Act of 1911. The Act has been frequently amended since that time and in 1938 the scope was extended to cover all young persons over the school leaving age who become insurably employed. In 1919 the salary limit for non-manual workers was raised to £250 and in 1941 to £420. The care of a general practitioner acting as family doctor, the medicines prescribed by him, and certain appliances are available free of charge to these employees, but not to their dependents. Proposals for comprehensive medical care service available to everyone, irrespective of means, age, sex or occupation, were embodied in a White Paper presented to Parliament by the Government, for the purposes of discussion, in February, 1944. The principles of the plan were subsequently debated, but they have not yet been implemented through legislation.

Under New Zealand's Social Security Act which went into effect on April 1, 1939, coverage is general but at the outset health benefits were limited in character. Maternity benefits were provided first and at present medical services, hospital, pharmaceutical and certain supplementary benefits (X-ray, massage, etc.) are provided.

In Canada the many aspects of health insurance have been subjects of serious study and discussion over a period of at least thirty years by national and regional organizations such as labour groups, agricultural groups,

women's organizations (rural and urban), medical associations, health officers and others interested in public welfare. As under the provisions of the British North America Act, health insurance is considered to be primarily a responsibility of the provinces it is perhaps natural that the first active step towards the institution of a government health insurance plan should have been taken by a province. In 1919 British Columbia appointed a Royal Commission to investigate the subject. Another Royal Commission to study health insurance and maternity benefits was appointed in 1929; as a result of the reports of these Commissions a health insurance Act was passed in 1936 but did not go into effect.

In Alberta as a result of the reports of Committees appointed in 1928 and 1932 a Health Insurance Bill was introduced and passed by the Legislature in 1935 but has not gone into effect.

Legislation in Saskatchewan as early as 1919 and in Manitoba in 1920 enabled rural municipalities, and to a limited extent the towns and villages, to provide medical care and to spread the cost over the areas in which the service was given. This enabling legislation, commonly called "The Municipal Doctor Plan" was put into effect in a considerable number of rural areas in these provinces.

There has been considerable development in Canada in the provision of prepaid hospital care and ancillary services through group hospital plans. Some of these are purely local in character, while others such as the "Blue Cross" hospital plan cover wide areas. The costs of service under this plan for standard ward care are 50 cents per month for single persons and \$1 per month for a family unit, including only children under sixteen. These have been in existence for over thirty years. Most of them are limited as to the amount of services and include conditions as to the length of time during which such services are provided.

DOMINION

The question of Health Insurance for the Canadian people has been discussed on a number of occasions in the Parliament of Canada. On March 21, 1928, the House of Commons adopted a motion:

"That, in the opinion of this House, the Select Standing Committee on Industrial and International Relations be authorized to investigate and report on insurance against unemployment, sickness and invalidity."

On May 1, 1929, this Committee in its second report made the following recommendations:

"(a) That with regard to sickness insurance, the Department of Pensions and National Health be requested to initiate a comprehensive survey of the field of public health, with special reference to a national health programme. In this, it is believed that it would be possible to secure the cooperation of the provincial and municipal health departments, as well as the organized profession.

"(b) That in the forthcoming census, provision should be made for the securing of the fullest possible data regarding the extent of unemployment and sickness, and that this should be compiled and published at as early a date as possible."

The Dominion Council of Health in May, 1932, passed a resolution urging that the recommendation contained in clause (a) be implemented.

On June 6, 1935, the Dominion Government passed the Employment and Social Insurance Act authorizing the appointment of an Employment and Social Insurance Commission for the purpose of assembling information regarding health insurance plans and reporting thereon, and it was authorized to submit to the Governor in Council proposals for cooperation by the Dominion in providing benefits. The Act was submitted to the Supreme Court of Canada and was found to be unconstitutional. This judgment was affirmed by the Privy Council.

In June, 1941, under direction of the Minister of Pensions and National Health a report of deficiencies in the field of public health and medical services in Canada was prepared by the Director of Public Health Services and presented by him to a general meeting of the Dominion Council of Health and representatives of national voluntary health organizations. As a result of these discussions a study of public health and medical services was undertaken with the object of formulating a health insurance plan.

In October, 1941, the Canadian Medical Association formed a Committee on Health Insurance to assist the Director of Public Health Services in the preparation of a tentative draft plan for public health and health insurance.

Advisory Committee on Health Insurance

On February 5, 1942, the Dominion Government by Order in Council authorized the formation of an Advisory Committee on Health Insurance consisting of officials of several Departments of the Government under the chairmanship of the Director of Public Health Services of the Department of Pensions and National Health. The terms of reference given to the Committee were

"to study all factual data relating to health insurance and report thereon to the Minister of Pensions and National Health".

With the object of surveying the Canadian scene, studying the needs of the country and drawing up a plan incorporating the needs of the people, health insurance committees of organized professional and lay groups were formed. These included the Canadian Medical Association, the Canadian Dental Association, the Canadian Hospital Council, the Canadian Nurses Association, the Catholic Hospital Council of Canada, the Canadian Public Health Association, the Canadian Pharmaceutical Association, the National Council of Women, the Canadian Welfare Council and the Canadian Association of Social Workers, the Trades and Labour Congress of Canada, the Canadian Federation of Agriculture, the Canadian Manufacturers Association and the Canadian Life Insurance Officers Association. The majority of these organizations made direct recommendations approving the principle of health insurance.

The Advisory Committee continued its deliberations which resulted in the preparation of a draft Health Insurance Bill, which was presented to the General Council of the Canadian Medical Association in Ottawa on January 18, 1943, at which time the Council went on record as favouring the principle of health insurance.

Special Committee on Social Security

The report of the Advisory Committee on Health Insurance included a draft Health Insurance Bill and was presented to the Special Committee on Social Security appointed by the House of Commons on March 16, 1943.

This report contains a comprehensive review of the development of health insurance. The outline which follows indicates the nature of the subjects covered in the report and a page reference thereto.

Part II of the Report presents a "Historical Survey" in which Chapter II deals with "The Evolution of the Social Security Idea" under the following sub-headings:

	Page
1. What Social Security is.....	48
2. Origins	48
3. Middle Ages	48
4. The Industrial Revolution	50
5. Later Nineteenth Century.....	50
6. Emergence of a Pattern.....	51
7. Social Assistance	52
8. Social Insurance	52

Chapter III of the Report deals with "The Rise of Health Insurance" under the following sub-headings:

	Page
1. Growth	55
2. Its Importance in Modern Society.....	58
3. Its Extent To-day	58

Chapter V of the Report deals with the "Growth of the Movement in the United States" under the following sub-headings:

	Page
1. Group Hospitalization	71
2. Group Medicine	71
3. Medical Attitudes towards State Medicine..	72
4. Social Security Act in Relation to Health..	73
5. National Health Conference.....	74

Part III of the Report presents a résumé in Section 1 of the "Voluntary Schemes"—page 81—and in Section 2 of the "Compulsory Schemes"—page 93—in various countries. Complete details are given regarding:

	Page
(a) the extent of existing health insurance schemes in other countries.....	143
(b) the growth and scope of the organizations..	153
(c) the methods of administration and financing	154
(d) the distribution of the benefits	156

The Committee on Social Security heard 117 witnesses representing 32 groups, including the health insurance committees which had appeared before the Advisory Committee on Health Insurance. All groups expressed themselves generally in favour of the principle of health insurance.

After discussing the draft Bill, the Special Committee on Social Security made the following report to the House of Commons on July 23, 1943:

"The Committee approves of the general principles of health insurance set forth in the Health Insurance Bill respecting public health, health insurance, the prevention of disease and other matters related thereto.

"The Committee recommends as follows:

1. That before the Bill is approved in detail or amended and finally reported, full information regarding its provisions be made to all the provinces.
2. That to provide this information, officials of the various Government departments concerned be instructed to visit the various provinces and to give full details of the proposed legislation to the provincial authorities.
3. That, if possible, before the next session of Parliament a conference of representatives of the Governments of the various provinces and the Dominion be held to discuss certain complex problems involved, especially financial and constitutional questions.
4. That in the light of all the information meanwhile obtained, study of the Bill be continued by a Committee of the House and by the Advisory Committee on Health Insurance."

The Advisory Committee on Health Insurance continued its studies as recommended, in the course of which the financial suggestions contained in the first draft Bill were revised by a sub-Committee on Health Insurance Finance. Data relating to the proposed plan of health insurance was prepared for the provinces but members of the Advisory Committee did not visit the provinces as recommended because it was considered that the financial proposals were not sufficiently complete for presentation to the provinces.

When the Advisory Committee had completed its studies a new draft Bill was placed in the hands of the Minister of Pensions and National Health and referred by him to the Special Committee on Social Security. The Bill was discussed and amended and reported to the House on July 29, 1944.

The report presenting the amended draft Bill to Parliament by the Special Committee on Social Security was as follows:

"After a long and careful study of the subject of Health Insurance, which included the taking of evidence and the receiving of briefs from all interested organizations, your Committee presents herewith a draft Health Insurance Bill submitted by the Department of Pensions and National Health which, with minor amendments, it has approved with the exception of Clause 3 and Schedule 1, dealing with financial arrangements between the Dominion Government and Provincial Governments.

"Your Committee recommends that this Bill be referred to the Dominion-Provincial Conference for consideration of its general principles as expressed in its various clauses, and of the financial arrangements involved.

"Your Committee heard evidence and received briefs on other phases of social security, but they were unable to give detailed or adequate study to the whole subject, which involves also intricate financial and constitutional problems. Your Committee recommends that when possible, consideration be given to the extension of unemployment insurance, sickness cash benefits, funeral benefits and other measures which will help to provide protection against

old age, illness and economic misfortune, and to the establishment of greater coordination, and the elimination of overlapping or duplication of existing measures of social welfare under Dominion and Provincial Governments."

Conference of Ministers of Health

While the meetings of the Special Committee on Social Security were taking place, a conference of Provincial Ministers and Deputy Ministers of Health was held at Ottawa on May 10-12, 1944, to discuss the draft Bill. This was the second meeting of Provincial Ministers and their Deputies with the Minister of Pensions and National Health. The first meeting was held in September, 1942, to discuss the first health insurance proposals. Those in attendance at the second meeting approved the principle of health insurance. Doubt was expressed by some of the Ministers regarding the ability of their provinces to apply all of the benefits of the Bill at one time and also the ability of the people and provincial authorities to contribute the amounts indicated in the Bill.

Some doubt was cast upon the estimate of cost of the individual services as prepared by the Advisory Committee on Health Insurance, and a sub-Committee was formed to discuss the subject. In the main, the sub-Committee was in agreement with the findings of the

Advisory Committee on Health Insurance. Subsequently, the subject of the estimated cost of dentistry, which had been questioned as being too high, was referred to the Canadian Dental Association for consideration. The Canadian Dental Association expressed the opinion that the amount allotted to dentistry was not excessive.

The discussions of the Provincial Ministers of Health and their Deputies were reported to the Special Committee on Social Security, and it was suggested by that Committee that as certain of the matters were related to finance they should be left for discussion at the Dominion-Provincial Conference.

The draft Bill as reported by the Special Committee on Social Security of the House of Commons on July 27, 1944, together with submissions expressing the opinions of the professional and lay groups regarding Health Insurance, are to be found in full detail in the Minutes of Proceedings and Evidence of the Special Committee on Social Security. The Bill gives in detail a sample organization under which a provincially-administered Dominion-sponsored plan of health insurance might be operated.

The following list sets forth the organizations and departments presenting evidence to the Social Security Committees in 1943 and 1944 together with the page reference to the Minutes of Proceedings and Evidence.

SPECIAL COMMITTEE ON SOCIAL SECURITY—1943

Date	No. of Proceedings and Evidence	Organization or Department Presenting Evidence	Evidence Page
March 16	1	Department of Pensions and National Health: Minister.....	1-40
March 19	2	Department of Insurance: Chief Actuary..... Department of Pensions and National Health: Director of Public Health Services.....	46 (67-79) 46-61
March 23	3	Department of Insurance: Chief Actuary..... Department of Pensions and National Health: Director of Public Health Services.....	83-98 99-106
March 30	4	Dominion Council of Health: Provincial Deputy Ministers of Health..... Department of Insurance: Chief Actuary.....	107-129 119-128
April 6	5	Canadian Medical Association.....	133-160
April 9	6	Canadian Tuberculosis Association..... Canadian Hospital Council.....	161-168 (189-195) 170-187
April 13	7	Canadian Nurses Association and allied organizations.....	197-215
May 7	8	Canadian Medical Association: Department of Cancer Control..... Canadian Pharmaceutical Association.....	217-231 231-240
May 11	9	Canadian Dental Association..... Canadian Medical Association: Industrial Hygiene Department.....	241-259 259-265
May 14	10	Department of Pensions and National Health: Division of Child and Maternal Hygiene (and special witnesses on maternal and child health).....	267-281
May 18	11	Canadian Federation of Agriculture..... Special Witnesses on Mental Hygiene.....	281-314 315-330 (337-339)
May 21	12	Trades and Labour Congress of Canada.....	330-336
May 25	13	Canadian Public Health Association.....	341-363
May 27	14	Sir William Beveridge.....	365-379
May 28	15	Special witnesses on physical fitness..... National Council of Women..... La Fédération des Femmes Canadiennes Françaises..... The Catholic Women's League.....	381-406 407-408 408-409 409-410
June 1	16	Department of Pensions and National Health: Division of Venereal Disease Control..... (Special witnesses on venereal disease)..... Christian Scientists of Canada.....	410-416 (435-438) 416-434 (506-508) 439-456
June 4	17	Canadian Association of Optometrists..... Dominion Council of Chiropractors..... Drugless Practitioners of Ontario..... Human Adjustment Institute.....	457-475 479-499 499-505 (509-510)
June 8	18	Canadian Life Insurance Officers Association.....	512-532
June 10	19	Canadian Federation of Agriculture..... Medical Liberty League.....	533-554 554-568
June 11	20	Catholic Hospitals of Canada.....	569-587
June 15	21	Canadian Osteopathic Association.....	589-612
June 16	22	National Research Council: Medical Research Committee.....	613-618
June 18	23	Dominion Council of Health: Committee on Civilian Blind..... Canadian National Institute for the Blind.....	619-627 627-644 (644-652)
June 22	24	Chiropodists of the Dominion Canadian Medical Association..... (Supplementary brief).....	653-660 661-668
June 29	25	Victorian Order of Nurses..... Department of Pensions and National Health: Solicitor.....	669-679 679-688
July 6	26	Canadian Federation of the Blind..... Canadian Legion, B.E.S.L..... (and Imperial Division, B.E.S.L.)	689-699 699-714

(No further evidence heard in 1943)

(Evidence included in appendices indicated in parentheses)

SPECIAL COMMITTEE ON SOCIAL SECURITY
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Date	No. of Proceedings and Evidence	Organization or Department Presenting Evidence	Evidence Page
Feb. 24 March 1	1	Department of Pensions and National Health: Minister.....	1-12
		Director, Public Health Services.....	13-22
March 9	2	Department of Pensions and National Health: Minister.....	23-28
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March 16	3	Sub-committee on Health Insurance Finance.....	28-47
		Department of Pensions and National Health: Director, Public Health Services.....	53-69
		Sub-committee on Health Insurance Finance.....	68
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March 22	4	Department of Pensions and National Health: Director, Public Health Services.....	70-72
		Sub-committee on Health Insurance Finance.....	75-86
		Department of Insurance: Chief Actuary.....	87-102
March 30	5	Department of Pensions and National Health: Director, Public Health Services.....	97-98
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April 20	6	Department of Pensions and National Health: Director, Public Health Services.....	(134-140)
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		Christian Scientists of Canada.....	157
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April 26	7	Christian Science Organization.....	(177-183)
		Department of Pensions and National Health: Director, Public Health Services.....	195-198
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		Department of Insurance: Chief Actuary.....	199-200
		Canadian Congress of Labour.....	202
		Canadian Association of Social Workers.....	(209-218)
May 2	8	Department of Pensions and National Health: Director, Public Health Services.....	(219-224)
May 4	9	Consideration of Draft Bill: No evidence heard.	225-235
May 9	—	“ “ “	
May 16	—	“ “ “	
May 18	—	State Hospital and Medical League, Regina, Sask.....	(237-274)
May 23	—	Consideration of Draft Bill: No evidence heard.	
May 30	—	Provincial Ministers and Deputy Ministers of Health.....	(275-277)
June 1	—	Consideration of Draft Bill: No evidence heard.	
June 22	10	Special Witness: Executive Director, Canadian Welfare Council.....	280-299
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Date	No. of Proceedings and Evidence	Organization or Department Presenting Evidence	Evidence Page
July 4	11	Department of Pensions and National Health: Director, Public Health Services.....	302
		Departmental Solicitor.....	302
		Department of Insurance: Chief Actuary.....	302
		Special Witness: Executive Director, Canadian Welfare Council.....	(303-316)
July 13	12	Special Witness:	
July 18	—	Principal and Vice-Chancellor, McGill University.....	320-334
July 27	13	Third Report and Draft Health Insurance Bill: No evidence heard.	

(Evidence included in appendices shown in parentheses.)

SUMMARY OF OPINIONS REGARDING HEALTH INSURANCE

Recommendations made to the Social Security Committee in 1943 and 1944 are summarized in the accompanying diagram, the most striking feature of which is the almost unanimous support given to the principle of Health Insurance by organizations presenting briefs and evidence.

Only one organization was quite opposed to Health Insurance, and another group requested exemption of its members on religious grounds.

Among those organizations bringing forward recommendations relating to administration, there was wide agreement as to the desirability of control resting with the provinces. Most of these groups favoured administration through independent, non-political commissions, a small minority only preferring to have administrative responsibility rest with Provincial Departments of Health. These groups advocated the organization, in each province, of representative boards to act in an advisory capacity only.

It was suggested by some that the Federal Government should be responsible for coordination and the establishment of standards.

Comparatively few groups made suggestions respecting financial organization. Some expressed approval of the principles of grants-in-aid from the Federal Government, and of compulsory contributions. Preference for finance through taxation rather than direct insurance contributions was expressed by a few organizations.

Support was given generally to the principle of universal coverage, although a number of groups favoured an income limit or made special recommendations.

Most organizations presenting evidence assumed medical care benefits, explicit support being given solely to this aspect of insurance by a few groups. Cash sickness benefits were recommended specifically by three organizations. Most groups appeared before the Committee to make special recommendations respecting benefits.

○ indicates qualified support or alternative proposals.

RESOLUTIONS OF NATIONAL ORGANIZATIONS

Many resolutions have been passed supporting Health Insurance, among them the following:

At the 31st Annual Meeting, Canadian Public Health Association, held in Toronto, June, 1942:

"Whereas there is urgent need in Canada for the more adequate provision of general medical, dental and nursing services,

"And experience in Great Britain and other countries has demonstrated the value of a system of compulsory contributory health insurance,

"And this association believes that in any health insurance program, adequate provision for preventive service is essential,

"Be it resolved that this association endorses the principle of national health insurance and urges that the provision of preventive services should form an essential part of this program."

At the General Council of the Canadian Medical Association, held in Ottawa, January 18-19, 1943:

"Whereas the objects of the Canadian Medical Association are:

1. The promotion of health and the prevention of disease;
2. The improvement of health services;
3. The performance of such other lawful things as are incidental or conducive to the welfare of the public;

"Whereas the Canadian Medical Association is keenly conscious of the desirability of providing adequate health services to all the people of Canada;

"Whereas the Canadian Medical Association has for many years been studying plans for the securing of such health services;

Therefore be it resolved that:

1. The Canadian Medical Association approves the adoption of the principle of health insurance;
2. The Canadian Medical Association favours a plan of health insurance which will secure the development and provision of the highest standard of health services, preventive and curative, if such plan be fair both to the insured and to all those rendering the services."

At the 47th meeting of the Dominion Council of Health, held in Ottawa, May 28-29, 1945:

"Whereas the Dominion Council of Health has expressed on numerous occasions its conviction that the provision of nation-wide health insurance is essential if adequate medical, dental and hospital care is to be available to all citizens in Canada, and

"Whereas the Council is gratified to learn from the Honourable the Minister of Health and Welfare that the introduction of health insurance is planned and that a policy of grants-in-aid to the provinces has been approved for the purpose of providing assistance needed in the supply of adequate local health services in the control of tuberculosis, venereal diseases, in the prevention and treatment of mental illness, in the training of essential public health personnel, and in the furtherance of medical research, particularly as related to public health; and

"Whereas these and other measures proposed give the Council great encouragement in their belief that the implementing of the proposals will advance greatly the health and welfare of all the people of Canada;

"Therefore be it resolved that the Dominion Council of Health, assembled at Ottawa on May 28-29, 1945, express to the Honourable the Minister of National Health and Welfare its appreciation of the broad public health program which he has presented to the Council with its objective of making the Canadian people the healthiest in the world.

HEALTH INSURANCE IN THE PROVINCES

British Columbia—The Royal Commission appointed in 1919 recommended the adoption of Health Insurance and in March, 1928, as the result of a resolution, a Committee of the Legislative Assembly was appointed to enquire into the workings of systems of Health Insurance and Maternity Benefits. A Royal Commission on State Health Insurance and Maternity Benefits was appointed by the Provincial Government in April, 1929. This commission published two reports, which strongly favoured the adoption of Health Insurance. These Reports were the basis of a Health Insurance Bill which was drafted for presentation to the Legislature in 1934, but was withheld pending further study.

On March 31, 1936, the Legislature passed a Health Insurance Act which was to have gone into effect on January 1, 1937. This legislation applied to employees with a limited wage; it did not include indigents and the benefits were limited. All the machinery had been set up for the collection of the funds but, chiefly through the opposition of the medical profession, the legislation was suspended at the last minute. The opposition is stated to have been based on the failure of the Bill to cover indigents. It was felt that the financial burden of full population coverage was too great for the Province to assume, and that the Dominion should contribute to the scheme.

The Act was contributory and compulsory for all employees whose incomes were less than \$1,800 per annum. Agricultural employees, Christian Scientists and members of certain industrial health care plans in existence prior to 1936 were exempt.

The plan included mandatory and permissive benefits, the mandatory being medical practitioner service, hospital care (for not more than ten weeks), necessary drugs and laboratory services; and the permissive, such additional medical services as the fund might permit. The insured had the choice of doctor.

The costs were to be borne by the employer and the employee, while the funds were to be centrally controlled and administered by a Commission.

Alberta—The Alberta Health Insurance Act of 1935 had its beginning in 1928 when a resolution was passed in the Legislature requesting the Government to examine existing schemes of health insurance. The Committee made a report in 1928 but nothing was done until 1932 when another committee was appointed for the purpose of

"considering and making recommendations . . . as to the best method of making adequate medical and health services available to all the people of Alberta; reporting as to the financial arrangements which will be required . . . to ensure the same".

In 1935 a Bill was introduced into the Legislature and passed. This legislation provided benefits such as general practitioner service, minor surgery, obstetrics, specialist services, hospital services and facilities, dental services, prescribed medicines and surgical appliances and preventive medical services for each unit. It was proposed to divide the Province into district units and to set up full preventive medical services in those areas. The Act called for full coverage of all persons resident in the province, the costs to be borne jointly by the employer, the wage earner and the Province. The total cost was estimated at \$14.50 per capita per annum, and the funds were to be centrally controlled and administered by a Commission. The legislation has not been implemented.

In 1944 the Legislature passed a Maternity Hospital Act, to provide free maternity hospital care (up to 12 days) for women who have been residents of the Province for twelve consecutive months out of the twenty-four immediately preceding admission.

Saskatchewan—In Western Canada a local unit of government (a rural municipality) is an area consisting of from 200 to 300 square miles wherein the population varies from 1,200 to 3,000 persons. In 1919 many of the municipalities of Saskatchewan had, through public enterprise, inaugurated a scheme to provide medical care in their communities. The plan was commonly known as the "Municipal Doctor Plan" which means the engaging of a physician on a salary basis to give the residents of the municipality the benefit of medical care. By 1944 this type of medical care service was operating in 103 of the 343 municipalities in the Province.

The Municipal Doctor Plan may be operated under the provisions of two statutes:

(a) The Rural Municipality Act provides that the Council of a Municipality may pass a by-law for the purpose of making:

- (i) an annual or other grant or guarantee (not exceeding \$1,500 per annum) to a legally qualified medical practitioner as an inducement to reside and practise his profession within the municipality,
- (ii) or engaging the services of a legally qualified medical practitioner for the municipality at a maximum salary of \$6,000 per annum, or if the municipality exceeded nine townships the salary might be increased not more than \$600 for each additional township.

The financing may be provided out of a tax levy as part of the general levy or as a special levy to cover the cost of medical or surgical services.

(b) The Medical and Hospital Services Act provides that the Council of a Municipality may pass a by-law to make provision for medical or hospital services or both to residents of the municipality. All agreements made by doctors or municipalities are subject to the approval of a Health Services Board established under the Provincial Department of Health. The costs of the services are determined by an estimate of the amount required which determines the amount of the tax to be levied in respect of each resident of the municipality for the year. The amount of the tax is subject to the approval of

the Health Services Board but the total in respect of any one family may not exceed \$50 per annum.

The "Town Act" and the "Village Act" contain somewhat similar provisions regarding the employment of medical practitioners. On May 6, 1944, 46 rural municipalities provided both medical and hospital care for their people.

The agreement between the Council and medical practitioner usually requires that the latter act as medical officer for the community, that all indigent cases resident therein be given free medical care, as well as all resident rate-payers, their families and their dependents. From a public health point of view the system approaches the full-time health unit because the practitioner is required to give all the school children a medical examination once a year, in addition to the vaccination and immunization of pre-school and school children. Provision was made for the repeal of the by-law, but by 1944 not one municipality which had tried the municipal doctor system had voted to rescind it.

In 1943 a Social Service Committee was appointed by the Legislature to study health and welfare conditions in the Province. Various organizations appeared before the Committee and made representations. The Committee continued its studies, in particular the draft Dominion Health Insurance Bill, and in 1944 made a unanimous report to the House which was adopted and an Act respecting Health Insurance was passed. The Act enables the municipal doctor system to be used under Health Insurance. Many sections of the Act are identical with sections of the Dominion Draft Bill providing for contributory health insurance with universal coverage and making provision for similar benefits to those in the Dominion Legislation.

A "Health Services Act" which was passed at the 1944 fall session of the Legislature established a Health Services Planning Commission to work out in detail the successive steps through which health services will be implemented. The Commission is at present working on plans to divide the Province into health regions each of which will be under the direction of a full-time public health officer, who will be responsible for coordinating all the medical services in the region in addition to his regular public health duties. The Municipal Doctor Plan will, with some variations, be the basis of medical care in the rural areas.

It is the intention of the legislation to improve hospital and laboratory services and to establish travelling clinics. Within certain limits the residents will finance the services in each region under plans to be recommended by the Commission. The Provincial Government will give financial assistance where necessary. In the eight cities a system of health insurance is proposed. Subsequently in 1945 an amendment to the Health Services Act provided free health and hospital services for old age and blind pensioners and dependents, recipients of old age pensions from other Provinces who have resided in Saskatchewan at least 12 months immediately prior to the date of application for health services, women entitled to Mothers' Allowances under the Child Welfare Act, and children who are wards of the Province. It is understood that a complete system of free hospital care is being investigated.

Manitoba—Manitoba adopted the Municipal Doctor Plan in 1920 and by 1944 there were 21 municipalities which had passed the necessary by-law to bring the plan into operation. In 1942 the Provincial Department of Health, working in cooperation with the Manitoba Health Officers Association and the Manitoba Medical Association, drew up a "minimum standard of health services for part-time health officers". This was adopted by the Union of Rural Municipalities which urged that the individual municipalities be contacted and encouraged to adopt the standards. About 27 per cent of the municipalities of rural Manitoba were meeting these standards in 1944.

The Legislature of Manitoba on April 7, 1945, passed an Act entitled "The Health Services Act" which was designed to provide for the improvement of the health of the citizens of the Province. In the words of the Hon. Ivan Schultz, Minister of Health and Public Welfare, the Manitoba Health Plan envisaged by the Legislation, is based on the principle that the fundamental responsibility of a health service should be to prevent disease. To carry this principle into effect, full-time health units will be set up covering the entire Province in order to direct and supervise preventive services, to ensure effective coordination of health programmes, and to provide uniform standards. The service will be under Provincial control and direction with the Province sharing the operational costs with the municipalities.

The Minister points out that some of the advantages of the Health Unit Plan are:

- (1) It provides the proper basis on which to build a scientific health programme in the Province and provides a logical and natural foundation for any health scheme.
- (2) It completely relieves the municipalities of all provision for and payment of health officers.
- (3) It also relieves the municipalities of certain responsibilities that are optional with them now, including immunization programmes and periodic examination of school children.
- (4) It offers rural medical practitioners consultative and co-operative services in regard to all forms of preventive medicine, but does not in any way interfere with their practice or infringe upon their rights.
- (5) The health unit plan offers the most effective approach in solving our present problems in reference to maternal mortality, tuberculosis, and venereal disease.

The estimated cost of this is \$1 per person per year. Two-thirds of this cost (67 cents per person) will be assumed by the Province and the balance of one-third (33 cents per person) by the municipality.

The actual net cost to the Province after certain deductions, is estimated at \$265,300 and to the municipalities (exclusive of Winnipeg) \$71,000. The legislation makes provision for the setting up and control of the health units and

- (1) the municipalities cannot be compelled to enter the plan
- (2) there is the local advisory board for each health unit; the majority of the members are appointed by the municipalities and the minority by the Minister.

The second principle of the plan is the provision of diagnostic facilities, so that any medical practitioner may have readily available diagnostic facilities both of the X-ray and the laboratory type. It is suggested such equipment should be compulsory for all hospitals and that any necessary diagnostic test should be provided free, other than a small service charge. The Minister summarized the advantages of providing diagnostic services as follows:

- (1) It will eventually put at the disposal of every medical practitioner in Manitoba most of the scientific equipment necessary for proper diagnosis and modern medical treatment.
- (2) It is an inducement for the young and ambitious medical practitioner to practise in rural areas.
- (3) It brings close to all patients throughout the province most of the advantages of modern diagnosis and treatment, and enables them to remain at home when otherwise they might have to leave home.
- (4) It lifts the whole standard of rural practice, by improving the means of services.
- (5) The fact that the services are free, subject to a small service charge, means every person, irrespective of means, will have the advantage of modern diagnostic equipment and modern tests.
- (6) By placing this equipment in rural hospitals it helps to raise their standing and lowers their costs.
- (7) The plan would eventually give to the urban citizen of moderate means—the great middle class—a relief that is very definitely needed and, at the same time one that will be appreciated by the general practitioner in the large urban centre.

The actual cost for the equipment required to supply diagnostic service is estimated at a total of \$300,000, while the operational costs in the rural areas is estimated at 50 cents per person divided on the basis of 33 cents to the Province and 17 cents to the municipality.

The third basic principle is the provision for curative medicine. The Minister stated that this involves:

- (1) The services of a general medical practitioner should be readily available to all people of our Province when they are ill.
- (2) In view of the disabling effects of such illness, the cost should be provided for in advance.
- (3) Imposing a municipal tax distributes the burden most equitably.
- (4) Payment for provision of such services should be a matter of arrangement with the medical practitioner and may be by way of salary, by way of capitation fee, or by way of payment for services rendered, or by any combination of these.
- (5) When any municipality enters fully and co-operatively into the disease prevention programme, i.e., provides for health units and diagnostic services, the Province should make a contribution to the cost of curative medicine in such municipality.

It is estimated that in rural Manitoba this type of service can be provided at a cost of \$3 per person per year. To a municipality complying with the conditions the Province undertakes to pay one-sixth of the medical care service on the basis of \$3 per capita.

The Minister stated that the fourth basic principle is the provision of necessary hospital accommodation and control sufficient and adequate to be made available to all the people in the Province. The plan proposes the division of the Province into hospital areas, and the setting up of a hospital council for the supervision of the hospitals (including definite standards of building, equipment, accounting and service). The capital cost of building and equipping hospitals would be borne by the local areas. It is the intention of the Province to increase per diem grants to hospitals.

General provisions of the Act are that the plan will be administered by the Department of Health with an Advisory Commission of 11 members, one of whom will be the Deputy Minister of Health and Public Welfare and the other ten members appointed by the Lieutenant Governor in Council representing the Canadian Medical Association (3), the Union of Manitoba Municipalities (3), Board of Governors of the University of Manitoba (1) from the Faculty of Medicine, and to be nominated by the Minister (3). The Act provides for a new type of taxation which the municipalities can levy in the form of a personal health levy. This is designed to relieve the burden on the land and cannot be levied without consent of the rate-payers.

The Minister stated that the plan is designed with a view to enlargement and capable of being integrated into any federal national health insurance plan. It is designed to encourage and develop preventive medicine. It is capable of gradual introduction. It recognizes the fact that the greatest immediate need for improvement in health services is in the rural areas. It aims to provide those services consistent with reasonable cost.

Ontario—With the appointment of the Committee by the Ontario Medical Association in 1920, the question of health insurance was first brought to public attention, but it was not until 1931 that the Committee submitted a report which reviewed the question of health insurance. A questionnaire was then circulated among the physicians of the province requesting an expression of opinion on the subject and it is reported that the majority supported the principle of health insurance for Ontario.

In February, 1938, the Ontario executive of the Trades and Labour Congress urged the enactment of legislation to ensure to all citizens of the Province, irrespective of their ability to pay, the full benefits of curative and preventive medicines. The joint legislative committee of Railway Transportation Brotherhoods recommended that favourable consideration be given to health insurance.

The Council of the Ontario Medical Association in May, 1938, rejected a committee report urging compulsory health insurance. This report urged that

"all persons unable to provide adequate medical care for themselves should be compelled to belong to the insurance scheme. In other words, it should include those of the low income group and the indigents".

A considerable number of industries in the province provide medical care in part or in whole to their employees, but there is no uniformity in the type of services provided nor in the methods of financing the costs of the schemes. For instance, the employees of the Hollinger Consolidated Gold Mines Ltd., at Timmins

have an association organized to spread the cost of medical care. This scheme was drafted by the local medical society and came into effect in June, 1937. The plan was favoured by over 90 per cent of the employees and with their dependents covers a normal population of around 9,500.

During recent years there has been a considerable advancement in this province of the group medicine system, by which subscribers through the payment of a monthly sum are eligible for medical and hospital care. One of the major ventures in this type of medical care in Canada is the Associated Medical Services Incorporated with head offices in Toronto. This organization was established on June 1, 1937. The plan provides generally for the participation of any legally qualified medical practitioner and any person under 55 years of age can apply for membership, choosing his own doctor, and if accepted, qualifies to receive certain benefits covering medical care, hospital care, medicines and (where required) specialized treatment. Membership costs \$2 per month, with the following rates for dependents: \$1.75 per month for the first; \$1.50 for the second; \$1.25 for the third and \$1 per month for each additional dependent. The schedule of fees paid to physicians is 100 per cent of the minimum schedule of fees of the Ontario Medical Association. The Association claims it has demonstrated during the years of operation that

"it is possible to secure the co-operation of the medical profession, the government and the public in budgeting the cost of medical care".

In 1944 the provincial government passed an Act to provide for the improvement of the health of the citizens of the Province. The legislation was known as "The Municipal Health Services Act" and according to the Minister of Health was drawn up on the principle that the municipality should have a certain amount of choice of the medical care service it wished to receive. The Bill was very flexible, it left to regulation many matters of a contentious nature and in view of the difficulty in estimating costs the stipulation in the bill was that whatever was done must be on a contributory basis. In those areas which could do little or nothing grants-in-aid are to be provided in order to set up pools for the payment of personnel. Where possible, the method of payment was to be on a fee for service basis, satisfactory to the Ontario Medical Association.

In explaining the plan to the Conference of Ministers on Health Insurance in May, 1944, the Honourable Dr. Vivian stated that the Government had:

- (a) insisted on collective bargaining; and
- (b) left to the municipality the choice of method by which the money was to be raised;

and that no plan could be put into effect without the approval of the Department of Health.

The Minister said

"we want the municipalities to tell us what they want, the amount of service they wish to receive, and the type of service they want".

In some areas they might possibly like to receive some service on the insurance basis but he felt that in the southern part of the Province the people were more interested in "bits and pieces" than an overall plan. The composition of the Municipal Health Services Board had been left out of the Bill so that it might come under

the Department of Health and be strictly a technical board composed only of medical and associated professions or it might become a Sickness Insurance Commission. The Minister stated that the government had been in consultation with the Ontario Medical Association, Nurses Association, Federation of Agriculture, Organized Labour, Canadian Manufacturers Association and various other groups who were intimately concerned, and he believed a satisfactory program could be developed.

Quebec—The Quebec Medical Association appointed a committee for the study of health insurance which in its report to the annual meeting in September, 1932, advocated a system of compulsory health insurance somewhat along the lines of the French system.

In 1933 the Quebec Social Insurance Commission in a report to the Minister of Labour recommended "that recourse be had to the subsidized optional regime before the obligatory system" because it was easy to apply it to the existent mutual benefit insurance societies.

In 1943 the Legislative Assembly passed an "Act to constitute a Health Insurance Commission". The Commission was directed to study the whole problem of health insurance and to suggest a plan to meet the situation but no report was ever published and the legislation was repealed in 1945.

Maritime Provinces—No action has been taken by the Maritime Provinces respecting health insurance, yet in Nova Scotia is to be found the oldest scheme of health insurance on the continent. The employees of the Dominion Steel and Coal Company in Cape Breton (Glace Bay district) have a system whereby the workers and their dependents receive medical care and cash sickness benefits. All together the normal population covered is between 30,000 and 35,000 and each employee (employees number between 6,000 and 7,000) pays 95 cents per week regardless of the amount of his wages. This is deducted from wages by the company and paid into a fund from which the medical bills and sick benefits are paid.

COSTS OF MEDICAL CARE IN CANADA

According to the Advisory Committee on Health Insurance the estimated Canadian rate of sickness is 7.65 days per person per year, and on this basis the total number of sickness days in the Canadian population during 1938 was 88 million. Assuming that each day's illness costs \$3 the total cost of illness for that year would have been \$264 million. To the total cost of illness should be added the amount that is lost in wages and other income and on the basis of the population distribution of the Census of 1931, this was estimated, in 1938, at \$84 million. Because of the increased working population the wage loss is greater to-day.

The cost of hospitalization for illness in Canada is great. In 1943 the total expenditure for hospitalization

was \$86 million distributed as follows: General Public (Acute Disease) Hospitals, \$59 million; Tuberculosis Sanatoria, \$8 million and Mental Institutions, \$18 million.

In estimating the distribution of the cost of benefits under the Dominion Draft Health Insurance Bill, the Advisory Committee used the total cost figure of \$242, 114,000 which was based on a study by the Dominion Bureau of Statistics and an estimated population of 11,209,000 in 1938. This set the per capita cost at \$21.60 which has been the figure used for illustration purposes in most of the Dominion's proposals.

The distribution of the cost of complete health insurance on the basis of this per capita cost figure of \$21.60 by service benefits using the 1941 Census of population would be as follows:

ESTIMATED DISTRIBUTION OF COST OF HEALTH INSURANCE BENEFITS ⁽¹⁾

Population: 11,489,713		Census of 1941	
Service	Percent of Total Cost	Cost of Service	
		Per Capita	Total
		\$	\$000
1. General Practitioner Service.....	27.78	6.00	68,938
2. Hospital Care.....	16.67	3.60	41,363
3. Visiting Nursing Service.....	2.78	0.60	6,894
4. Other Medical Services (Consultant, Specialist and Surgeon)....	16.20	3.50	40,214
5. Other Nursing Services (including private duty).....	5.32	1.15	13,213
6. Dental Care.....	16.67	3.60	41,363
7. Pharmaceutical (drugs, serums and surgical appliances).....	11.80	2.55	29,299
8. Laboratory Services (blood tests, X-ray, etc.).....	2.78	0.60	6,894
Complete Health Insurance Services	100.00	21.60	248,178

SOURCES:

Minutes of Proceedings and Evidence, the Special Committee on Social Security, House of Commons.
 "Health Insurance" by the Honourable Ian Mackenzie, Minister of Pensions and National Health.
 Report of the Advisory Committee on Health Insurance.
 Report Dominion-Provincial Conference on Health Insurance, May 10-12, 1944.
 Provincial Departments of Health.
 The Manitoba Health Plan.
 Public Affairs.
 Study of Distribution of Medical Care and Public Health Services in Canada.

¹ Exclusive of the cost of Administration.

PART II

OLD AGE PENSIONS

1. DESCRIPTION OF PLAN NOW IN OPERATION

HISTORY OF ACT

The Old Age Pensions Act was passed by Parliament in 1927. It has been amended four times. In 1931 the Dominion's share of the cost of pensions was increased from 50 per cent to 75 per cent. In 1937 provision was made for the payment of pensions to blind persons 40 years of age and over. In 1943 an Order in Council, passed under the authority of the War Measures Act, increased the maximum pension from \$240 to \$300 a year. A second Order in Council, passed in 1944, increased the maximum income which a pensioner may receive (inclusive of pension) from \$365 to \$425 a year.

All parts of the Dominion are now participating in the plan with the exception of the Yukon Territory. The following table shows the dates of entry into the plan by the various provinces:—

British Columbia	September 1, 1927
Saskatchewan	May 1, 1928
Manitoba	September 1, 1928
Northwest Territories (by Order in Council) ...	January 25, 1929
Alberta	August 1, 1929
Ontario	November 1, 1929
Prince Edward Island	July 1, 1933
Nova Scotia	March 1, 1934
New Brunswick	July 1, 1936
Quebec	August 1, 1936

TYPE OF PENSION PLAN ESTABLISHED BY THE ACT

The Dominion and the provinces share the cost of providing financial assistance for aged persons; the Dominion pays 75 per cent and the provinces pay 25 per cent, plus the cost of administration.

Old age pensions under this Act are non-contributory, that is, are financed out of general government funds rather than out of special collections from persons who are to receive the pensions. The Dominion's share is payable out of the Consolidated Revenue Fund. The maximum pension and maximum income fixed by the Act apply in all provinces and to urban and rural pensioners alike.

Pensions are provided only in case of actual need, that is, only for persons who are unable to support themselves. The maximum pension is reduced to the extent that a pensioner has outside income above a certain figure.

The provinces are responsible for the investigation of needs and the granting of pensions, and for all other matters in connection with administration directly affecting pensioners. Dominion responsibility is limited to paying 75 per cent of the net cost of pensions, and to general supervision of the scheme, including the making of amendments to the Act and Regulations in

agreement with the provinces. The Dominion is authorized to make an examination and audit of the provincial records.

DOMINION-PROVINCIAL RELATIONS UNDER THE ACT

In order that a province may participate in the scheme and obtain the Dominion contribution of 75 per cent of the cost, it is necessary that the province pass enabling legislation and make an agreement with the Dominion. Before an agreement is made, the Governor in Council must approve the provincial scheme for administration. Once approval is given, the scheme cannot be altered without the consent of the Governor in Council. Under an agreement the province is required to pay pensions in accordance with the provisions of the Dominion Act and Regulations, and the Dominion is required to pay 75 per cent of the net cost of pensions. Each agreement continues in force so long as the provincial statute remains in operation or for ten years after the Dominion notifies the province of its intention to terminate the agreement.

The Act provides that the consent of the provinces is necessary for any amendments to the Regulations.

RELATIONS BETWEEN PROVINCES

If a pensioner resided in more than one province during the twenty-year qualifying period, he makes only one application, namely to the province in which he is residing at the time of applying for the pension. In such a case, the province which grants the pension and pays it is entitled to recover a proportionate part from other provinces in which the pensioner resided during the qualifying period, the amount which the other provinces contribute being in proportion to the length of residence in each such province.

If after the granting of a pension in one province, the pensioner transfers his permanent residence to another province, he continues to be regarded as a pensioner of the province which granted the pension. Actual payment of the pension to him is made by the province to which he has removed, but that province recovers the full provincial share of the cost from the province which granted the pension.

REQUIREMENTS FOR PENSION

The chief conditions of eligibility for old age pensions relate to age, citizenship, residence, and income.

The Act authorizes the payment of pensions to British subjects seventy years of age and over who have resided in Canada for the twenty years and in the province in which application is made for the five years immediately preceding the date of the proposed commencement of pension provided the applicant is not an Indian as defined by the Indian Act, has not transferred property for the purpose of qualifying for a pension, and has not an income of as much as \$425 a year.

The maximum pension payable under the Act is \$300, which is subject to reduction by the amount of the pensioner's outside income in excess of \$125.

Some of the requirements for pension set forth in the Act are either modified or amplified by the Regulations made by the Governor in Council under the authority of the Act. In addition, the Regulations deal with certain details of administration not covered by the Act. The most important are Regulations dealing with the method of making application, the commencement of pension, the types of evidence which may be accepted as proof of age and nationality, the investigation of claims for pension, the recovery of overpayments, the suspension of pension and the transfer of property.

The requirement of twenty years' residence in Canada is modified by the Regulations which provide that an applicant is deemed to have resided in Canada for the twenty years immediately preceding the date of the proposed commencement of pension if, within the said twenty years or since attaining the age of fifty years, he has lodged in Canada for at least 5,844 days, including 700 days within the last three years of the said twenty years. This Regulation, however, applies only in cases where the applicant has lodged within Canada for some time more than twenty years prior to making application for pension.

Under the Regulations, an applicant is deemed to have resided in the province in which the application is made for the five years immediately preceding the date of the proposed commencement of pension if, within the said five years, he has lodged within any province for at least 700 days.

In the Regulations the word "lodge" means to be present in person.

TABLE 1

AVERAGE MONTHLY PENSION (EXCLUDING PROVINCIAL SUPPLEMENTS) AS AT MARCH 31, 1939 AND MARCH 31, 1945

	1939 Maximum pension \$240 yearly	1945 Maximum pension \$300 yearly
Alberta.....	\$18.44	\$24.16
British Columbia.....	19.27	24.41
Manitoba.....	18.66	24.48
New Brunswick.....	14.16	22.13
Nova Scotia.....	14.71	22.50
Ontario.....	18.51	24.13
Prince Edward Island.....	10.94	18.63
Quebec.....	17.85	23.95
Saskatchewan.....	16.59	24.68
N.W.T.....	20.00	24.17

The requirement in the Act that the pension be reduced by the amount of the pensioner's outside income in excess of \$125 is amplified by Regulations which set forth how income shall be calculated and also deal with

the calculations of income in the case of married couples. Income from real property is taken at 5 per cent of the assessed or market value. Income from personal property is taken to be the value of an Intermediate Canadian Government Annuity purchasable with the personal property after certain deductions are made. Salary, wages and income from annuities are taken at face value. The Regulations include as income, contributions by children or contributions reasonably expected to be made by children, but exclude assigned pay from members of the Armed Services where no dependents' allowance is awarded to the pensioner or the pensioner's spouse, and supplemental allowances paid by certain provinces.

Where two spouses living together are both receiving old age pensions, the income of each spouse is considered to be one-half of their combined incomes. Where

TABLE 2

NUMBER OF PENSIONERS AND DOMINION'S CONTRIBUTIONS FROM 1935-36 TO 1944-45

	Number of Pensioners	Dominion's Contri- butions
1935-36.....	108,415	\$16,764,000 ¹
1936-37.....	146,524	21,149,000
1937-38.....	175,673	28,525,000
1938-39.....	181,514	28,283,000
1939-40.....	186,035	29,081,000
1940-41.....	185,946	28,902,000
1941-42.....	185,922	28,531,000
1942-43.....	183,601	28,861,000
1943-44.....	181,384	32,196,000 ²
1944-45.....	187,512	39,503,000 ³

¹ Quebec and New Brunswick began paying pensions in 1936.

² Pension was increased in 1943 from \$240 to \$300 a year.

³ Maximum income was increased in 1944 from \$365 to \$425 a year.

only one spouse is a pensioner, his or her income is considered to be the sum of their combined incomes less \$425.

EXPERIENCE IN OPERATING A DOMINION-PROVINCIAL SCHEME

Dominion participation in old age pensions was intended to encourage the provinces to provide this type of social service. In 1931, when after four years' experience with the plan, only five provinces had taken action to implement the scheme, the Dominion's contribution was increased from 50 per cent to 75 per cent. The remaining four provinces have since come into the scheme.

The Dominion Act specifies the maximum pension to be paid and the deductions to be made from the pension. In practice, under provincial administration, the deductions vary considerably among the provinces, as is shown by the average monthly pension paid in past years. In Table 1 the average monthly pensions are given for each province as at March 31, 1939, and as at March 31, 1945. (The fact that the maximum

pension payable was increased from \$240 to \$300 a year in 1943, accounts in large part for the increases shown for each province in this table.)

Amendments to the Regulations require the consent of the provinces. Obtaining unanimous agreement in every case is difficult. On the other hand, it is not desirable to have Regulations in force which do not apply in all provinces. Detailed Regulations appear to be necessary in order that the Dominion have proper safeguards. More frequent conferences with the provinces might be of assistance in settling problems of administration with which the Regulations deal.

LIMITATIONS OF PRESENT SCHEME

The restrictions placed on the payment of old age pensions by the means test clearly account for the fact

that only about 37 per cent of persons over the age of seventy years are currently receiving pensions. Undoubtedly, many elderly persons are deterred from ever making application for a pension, merely because of the fact that there is known to be a means test which obliges them to disclose details of their personal affairs to the administering authority. Some of these persons may in fact be eligible for assistance either in whole or more frequently in terms of a reduced pension.

In addition to the means test, a number of applicants are debarred from pension, at least for some time, by nationality and residence requirements.

The provision in the Act which allows the recovery of pension payments from the estates of deceased pensioners and the practice of filing liens on real property adopted by some of the provinces has undoubtedly prevented many persons from applying for pension.

TABLE 3
SUPPLEMENTAL ALLOWANCES PAID BY PROVINCES

Province	Date allowance commenced	Allowance before pension increased	Allowance after pension increased	Present maximum amount payable monthly including provincial supplements
Alberta.....	April 1, 1942...	\$5 a month.	\$5 a month.	\$30
British Columbia.....	April 1, 1942...	\$5 a month.	\$5 a month.	30
Manitoba.....	Jan. 1, 1943...	\$1.25 a month.	\$1.25 a month if pension is less than \$21.25.	25
New Brunswick.....				25
Nova Scotia.....	June 1, 1943...	\$10 a month at discretion of pension authority with income limit of \$365.	\$5 a month at discretion of pension authority with income limit of \$365.	30
Ontario.....	July 1, 1943...	15% of pension based on maximum pension of \$240 a year.	Unchanged.....	28
P. E. I.....				25
Quebec.....				25
Saskatchewan.....	July 1, 1943...	\$1.25 a month.....	Prior to May 1, 1945 allowance not paid if pension exceeded \$21.25. Since May 1, 1945, \$3 a month paid to each pensioner.	28

TABLE 4

DISTRIBUTION OF OLD AGE PENSIONERS IN EACH PROVINCE

—	In relation to total number of old age pensioners in Canada			In relation to total number of persons age 70 and over in that province		
	1938	1941	1945	1938	1941	1945
	%	%	%	%	%	%
Prince Edward Island.....	1.0	1.1	1.0	30	33	31
Nova Scotia.....	7.9	7.8	7.3	49	48	44
New Brunswick.....	6.3	6.3	6.8	58	58	57
Quebec.....	26.5	25.8	26.3	44	46	43
Ontario.....	32.8	31.8	31.0	34	32	28
Manitoba.....	6.7	6.8	6.6	50	48	40
Saskatchewan.....	6.7	7.0	6.8	52	51	42
Alberta.....	5.5	5.8	6.1	50	47	41
British Columbia.....	6.6	7.5	8.2	35	36	33
National average.....				41%	40%	36%

NOTE: Number of pensioners from 1945 Report of (Dominion) Old Age Pension Administration. Percentage of pensioners to persons age 70 and over, re-calculated on basis of D.B.S. revised population estimates.

TABLE 5

NUMBER OF PERSONS AGE 70 AND OVER, BY PROVINCES, 1941, 1944 AND FORECAST 1948

—	1941 Census		1944 (Est.) (000)	1948 (Forecast) (000)
	Total number (000)	% of national total		
		%		
Prince Edward Island.....	6	1.3	6	6
Nova Scotia.....	30	6.5	31	33
New Brunswick.....	20	4.4	22	22
Quebec.....	105	22.8	113	124
Ontario.....	185	40.2	198	216
Manitoba.....	27	5.8	30	34
Saskatchewan.....	26	5.6	28	34
Alberta.....	23	5.0	26	32
British Columbia.....	38	8.4	45	55
Total of 9 provinces.....	460		499	556

(All figures from Dominion Bureau of Statistics.)

NOTES: The national totals make no allowance for net immigration to Canada from other countries, or net emigration from Canada to other countries, subsequent to 1944; this factor has been of little significance in the past 15 years. On the same assumptions national totals in 1961 and 1971 would be 813,000 and 977,000 respectively.

2. OLD AGE PENSIONS IN OTHER COUNTRIES

GROWTH OF OLD AGE PENSION MOVEMENT

Examination of the plans for old age pensions in many countries shows a wide variety in scope and coverage and in every detail of operation. The plans themselves may be classified into two main groups: (1) the non-contributory pension schemes where all the funds are provided from general tax sources as in our present Canadian plan; and (2) the so-called contributory schemes which adhere more closely to insurance principles, providing benefits as of right, not subject to a test of means, but only to those who by their own contribution have established their right to insurance protection under the scheme.

The old age and invalidity insurance program of 1889 in Bismarck's Germany was the first example of the State's attempt to meet this problem in modern times. Two years later in Denmark, in 1891, the first non-contributory pension scheme for aged persons was introduced. Since that time no less than 24 countries have introduced schemes to provide protection for the aged on the contributory basis, and 14 have introduced non-contributory schemes. In several countries, such as Great Britain, the U.S.A., New Zealand, and France, contributory and non-contributory plans are in operation at the same time for different elements or age groups in the population.

There is a great variety in all these plans. Each one has its advantages and limitations. Some plans are suitable for countries with a highly developed industrial economy and a large proportion of wage-earners. These countries tend to develop contributory old age insurance schemes which cover by compulsion and through wage-deduction methods substantial segments of the population. Other countries whose economy is chiefly rural find greater difficulty in embarking upon a system of outright insurance that depends on systematic, periodic contributions, since no easy method of deducting contributions from wages can be devised for the agricultural population.

This illustrates the problem in Canada. Our country might in broadest terms be said to-day to be 55 per cent industrial and 45 per cent agricultural. We therefore require an old age pension system of much broader scope than one based primarily on industrial wage earners, such as the orthodox system of contributory old age insurance. On the other hand, the usual type of non-contributory pensions financed entirely out of general government revenues is ordinarily limited by a means-test.

Perhaps a brief statement as to the main features of a number of schemes in certain other countries which are bound most closely to us in ties of common association, culture and tradition, would serve to illustrate the variety of choices which we face in Canada.

The estimates for 1944 take account of interprovincial migration since the 1941 census, but it is impossible to predict the direction and extent of such a movement in the future; accordingly, no forecast of distribution by provinces is given for years subsequent to 1948; for that year, the forecast is based on the age distribution of the 1944 population of each province and projected mortality rates, with no allowance for any interprovincial migration.

UNITED STATES

The U.S. has a double-barrelled program of old age assistance on a non-contributory basis provided by the various state administrations, subject to the applicant's test of means, with costs shared by the Federal Treasury; and, along with this, a system of federal contributory old age insurance.

It was not until the Federal Social Security Act of 1935 offered assistance to the states from the Federal Treasury that any significant progress was made in the United States towards meeting the problem of assistance to the aged. By 1938 every State in the Union had plans in operation which permitted them to benefit from the old age assistance subsidies provided by the Federal Social Security Act.

Under this program assistance is provided to the needy who can prove their need by a test of their means, the age limit for assistance being set at 65 in all the states, with one or two exceptions, and these provide for assistance under certain circumstances at 60 years of age. The basic pension in most of the states, and the pension to which the Federal Government agrees to make its contribution of 50 per cent, is \$40 per month as a maximum. But there is a wide variation in the average amount of pension actually paid by various states.

In addition to this program of Federal-State old age assistance on a means-test basis, the Social Security Act of 1935 established an entirely Federal system of old age insurance. Amendments of 1939 introduced survivors' insurance benefits. This scheme is limited to employed workers, and excludes those in temporary or seasonal occupations, farmers and other self-employed persons, and married women except so far as benefits are provided for the wives of insured workers. The benefits include retirement annuities at age 65, additional allowances for wives of that age and dependent children of insured workers, and special allowances for widows and children of deceased insured workers whether they died before or after reaching retirement age.

The primary benefit, i.e. the retirement pension of the insured worker, is based largely on the size of his average monthly wage while insured (40 per cent of wages up to \$50 a month and 10 per cent of the next \$200 per month), with an increase of 1 per cent for each year that the pensioner has been engaged in an insured occupation. A minimum of 40 quarter-years' coverage is required, or one-half the number of quarter-years elapsed since 1936, whichever is less.

The original provisions of the Social Security Act of 1935 prior to the amendments of 1939 related solely to retirement annuities for the insured workers themselves, without allowances for wives, children or survivors, and were based largely upon the amount of contributions made by the insured workers during the course of their working years. These contributions were to commence at 1 per cent of wages and gradually increase to 3 per cent of wages, and were to be matched by equal sums raised by a tax on the payrolls of employers. The plan was that these contributions would build up a reserve fund which by 1965 would amount to \$47 billion, and which would receive interest from the Federal Govern-

ment. The amendments of 1939 and 1943 put the plan more on a "pay as you go" basis. The time for increasing the rate of contributions above 1 per cent has been indefinitely postponed, and it is not certain what will be done about the financial arrangements of the scheme.

GREAT BRITAIN

Great Britain began with a non-contributory system of old age assistance in 1908, providing assistance to eligible aged persons 70 years of age and over on a means-test basis up to a maximum of 10 shillings per week per person.

Many changes have been made in this Act since its original passage, and since 1924 Britain has had a contributory system of old age insurance paralleling this means-test system. The main reasons given for the change to a contributory system were the increase in the population over 70 and the heavy charges which would be placed on general revenues of the government if no change was made.

The establishment of contributory pensions at age 65 was intended to finance part of the cost out of contributions by insured workers and their employers. The scheme did not provide for the building up of a large reserve fund, however, and provision was made for grants from the government to supplement the contributions.

The contributory pensions were payable to a much wider group than the non-contributory pensions, because of the absence of a means-test, but were confined to employed persons, with the exception that arrangements were later made whereby married women and self-employed persons might become voluntary contributors.

The maximum means-test pension and the flat-rate contributory pension were 10s. a week, a sum which was not intended to provide a subsistence income but merely to augment whatever other resources the pensioner might have. In 1940, for the first time, the principle of providing a subsistence income was adopted on a means-test basis through what was called "supplementary assistance," available at the rate of 20s. a week. These payments were subject to a means-test, and over a third of the persons receiving contributory pensions also applied for and obtained supplementary assistance.

The British Government White Paper of 1944, based largely on the Beveridge Report of 1942, proposes to abolish the first two of the three existing old age pension systems and replace them by a single new system which will provide flat-rate pensions of 20s. a week for a single person, and an extra 15s. a week for the wife of a pensioner, which will be paid without means-test and financed partly on a contributory basis. The age is 65 years for men and 60 years for women. These pensions are only payable on retirement after these ages. A person who continues to work beyond these ages, and so postpones his pension, receives an additional amount of pension when he does ultimately retire.

It is not possible to estimate separately the proportions of the total cost of old age pensions which are financed by insured persons, employers and the govern-

ment, respectively, as the old age pensions are but one part of a single unified system covering unemployment insurance and assistance, health insurance, family allowances, and various subsidiary social security measures, as well as old age pensions. A single contribution is made by insured workers and insured self-employed persons. There is also a single contribution by employers, which is of somewhat smaller amount than that of the employees. Together, it is estimated that contributions by employers, by employed persons, and by other insured persons, would amount to 35 per cent of total social security benefits being paid in 1945 under the old systems, and 45 per cent of the considerably increased benefits that would be paid under the proposed new system, the balance in each case being met out of general government funds. In the course of time, chiefly as result of the increasing number of old persons in the population, the annual social security expenditures will still further increase. As a result, by 1975 it is officially estimated that contributions would be providing 33 per cent of the cost and the balance of 67 per cent would be met out of ordinary government funds.

AUSTRALIA

Pensions for the aged in Australia are provided, under the terms of legislation going back to 1908, entirely at the expense of the Commonwealth Government at rates which now amount to 32 shillings and 6 pence per week, subject to a means-test, and applying to men 65 years of age and to women 60 years of age and over. The provisions of the Australian legislation are not widely different from those prevailing in Canada.

Costs have steadily risen under the scheme and are now more than five times as great as they were when the plan was inaugurated. While the population of Australia has increased by about 50 per cent since the scheme first came into operation, the number of old age pensioners has increased in the same period three times over, and the average pension has been doubled. The large increase in costs, and the prospect of further increases, were the principal factors for several years before the war in the movement for the introduction of a contributory system.

Australia, like Canada, faces the fact that in the next thirty or forty years the number of eligible aged people will nearly double. Beginning in 1936, plans were studied for the introduction of a contributory old age pension scheme for Australian wage-earners, along the lines of the contributory plan which is to-day in existence in Great Britain. An Act covering old age pensions on these principles, and also health insurance, was passed by the Commonwealth Parliament in July, 1938.

After two postponements of the date on which the scheme was to come into force, the advent of war resulted in a further indefinite postponement, and it is probable that the 1938 Act will not be put into operation. The present government of Australia has adopted the principle of providing social security benefits out of direct personal income taxes. In 1943 it established a National Welfare Fund, into which the Commonwealth Government pays an annual sum equal to one-quarter of total collections each year from the income tax on individuals, or £30 million,

whichever is the smaller amount. Out of this Fund are paid health benefits, unemployment benefits, maternity allowances, pharmaceutical benefits and funeral grants. These at present require less than half the total available funds each year. In addition, the Commonwealth Government continues to pay invalid and old age pensions on a means-test basis, child endowment benefits and widows pensions out of general government funds. These expenditures are equal in amount to twice the unexpended portion of the National Welfare Fund, but are not a charge upon that Fund.

NEW ZEALAND

New Zealand has for many years been noted for its pioneering in the field of social security legislation. The Old Age Pensions Act of November, 1898, was the first statutory provision made by any British country for state assistance to aged persons.

The scheme adopted was one of non-contributory means-test old age pensions. With the continual increase in the number of old persons and the rising cost of the pensions, the question arose in New Zealand, as in other countries, of substituting a contributory form of pensions payable to all persons without means-test. Between 1901 and 1937, the total population of New Zealand nearly doubled, while the number of old age pensioners quadrupled and the average pension was trebled, so that the total cost increased to twelve times the original figure.

Many years of discussion of the merits of various schemes finally resulted in the Social Security Act of 1938, which continues for the time being non-contributory old age pensions (called "age benefits"), payable on a means-test basis, but in addition provides a system of contributory old age pensions which will in time replace the earlier system with respect to persons age 65 and over.

The minimum age for non-contributory pensions is 60. The maximum amount payable to an aged person is £84.10s per annum, and there are also payments of £26 a year for each dependent child and for a dependent wife if under 60. The total maximum per family is £234 a year. These payments are subject to reduction offsetting any outside income of the pensioner above £52 a year.

As persons reach the age of 65, they may remain on the non-contributory means-test scheme, or they may instead elect to receive the benefits to which they are entitled under the contributory scheme. The latter benefits started at the amount of £10 a year in 1940 and increase by £2.10s each year until the maximum amount of £78 a year is reached in 1968. There is no means-test. Accordingly, persons who, because of their private income are not eligible for means-test pensions, may be expected to collect the contributory pensions. Ultimately, when the contributory pension is as large as the means-test pension, the latter may be expected to disappear, except as regards persons of age 60-64.

These provisions for old age persons are contained in a single Social Security Act, which also includes unemployment insurance, health insurance, family allowances, invalidity pensions and widows pensions. All social security expenditures are met out of a single Social Security Fund, which is financed by an annual

registration fee payable by all persons, and a 5 per cent tax on all salaries, wages and other personal and corporate income, and a grant from general government funds. Approximately 50 per cent of the total receipts of the Social Security Fund consists of the tax on salaries and wages. The registration fee is very small, amounting to £1 per year for a man and 5s per year for a woman, and seems to be levied chiefly as a means of maintaining a simple form of record of all insured persons. Under the New Zealand scheme, it is unnecessary to maintain elaborate records of wages and varying contributions over a person's working life. Each person is required to register and pay a flat registration fee once a year. At the end of each year when insurance books are renewed, it is possible to

investigate cases of persons who have not completed their record for the year, either by paying the fee or obtaining an approved exemption. In this manner, each person maintains himself in good standing and there is not accumulated a large number of difficult cases at the end of the contribution period when application for old age pensions is made.

Collection of the 5 per cent tax on income is entirely separate from the administration of benefits. A person's eligibility for old age pension, for example, does not depend on the amount of his tax payments, and it is not necessary to ascertain whether in any particular year he paid any tax. The essential question is whether he has a record of compliance through annual registration or approved exemption.

PART III

LABOUR LEGISLATION*

Laws for the protection of employed persons were enacted first in England. The need for legislative action became apparent on the introduction of the factory system, when men, women and children were brought together to work under direction on the employer's premises and not as before in their homes or side by side with the employer in small workshops. Statutes, long obsolete, had governed apprenticeship and provided for the regulation of wages but early in the nineteenth century the attention of Parliament was drawn to conditions surrounding the employment of women and children, particularly in cotton mills. After some cautious legislative experiments, three Acts were placed on the statute-book:

- (1) a law of 1824 which permitted workpeople to form trade unions in order to raise wages;
- (2) the Factories Act, 1833, which prohibited the employment of children under nine years of age in textile mills (a limitation placed on cotton mills in 1819), restricted the hours of work of children under 13 to nine in a day and forty-eight in a week and the hours of young persons between 13 and 18 to 12 in a day and 69 in a week, and, not least important, provided for a system of government inspectors to ensure the enforcement of these and other provisions;
- (3) an Act of 1842 which forbade the employment of boys under 10, and of women and girls underground in mines.

Thus began the gradual development of the regulation of conditions of labour by laws amended from time to time to impose higher standards with respect to child labour, the hours of work of women and young persons, the health and safety of workers in factories and mines and in trades involving special hazards, as well as by one enactment after another to protect persons employed in other work-places.

Side by side with this gradual extension of the statutory control of conditions of work developed the voluntary regulation of labour conditions, including wages and hours of labour of men, by means of collective agreements between employers and trade unions. By slow stages trade unions were placed by the law in such a position that they were able freely to function and to secure agreements with employers over an ever-broadening field of industry. In 1871, members of all trade unions were freed from criminal liability under the law on conspiracy in restraint of trade, and unions were enabled to protect their property in the Courts. In 1906, they were freed from the civil law of conspiracy and from liability to actions for torts. Granted also was the right of peaceful picketing. Unlike most European countries, Britain has no legislation governing collective agreements or making them enforceable at law as between the parties.

1. DIVISION OF RESPONSIBILITIES

Certain labour laws have been enacted by the Parliament of Canada, others by the provincial legislatures. The proper legislative authority in each case is determined by the British North America Act which distributes legislative powers between the Dominion and the provinces.

Section 92 of the British North America Act confers on the provinces exclusive legislative power in relation to, *inter alia*, Property and Civil Rights in the Province, Municipal Institutions, and Local Works and Undertakings with the exception of transport and communication agencies extending beyond the bounds of any province and such works within the province as may be declared by the Parliament of Canada to be for the general advantage of Canada or of two or more provinces. Education is also a matter for the provinces.

To the Federal Parliament, power was given to enact laws concerning, *inter alia*, Trade and Commerce, Navigation and Shipping, the Criminal Law, and Local Works and Undertakings expressly excepted from those assigned to the provinces. In 1940 Unemployment Insurance was added to the Dominion powers.

In addition, Parliament was empowered to make "laws for the Peace, Order and good Government of Canada in relation to all Matters not coming within the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces". It is under the authority of this clause that Parliament enacted the War Measures Act, 1914, giving to the Dominion Government power to take any steps considered necessary for the security, order and welfare of Canada in wartime.

"Protective" labour legislation, that is, legislation safeguarding the workers in mines, factories, shops and so on, is, generally speaking, law in relation to civil rights. It imposes conditions on the employer's and workman's free right of contract. A contract of employment, of course, can be made only in accordance with the terms imposed on it by the law. Thus, statutes stipulating that children may not be hired, that women and young persons may be employed only under specified conditions, that hours of work must be within fixed limits, that minimum wages and workmen's compensation must be paid, or that there may be no stoppage of work, all these are laws in relation to the contract of employment and so can be enacted only by the provinces, unless such provisions are merely incidental or are necessary to the valid exercise by the Dominion Parliament of its legislative powers.

Further, in general, freedom of association is a civil right. Legislation restricting or forbidding interference

*The statutes and regulations dealt with in this article are peace-time measures. Except in the section concerning industrial disputes, little attention has been given to such wartime regulations as the relaxation of hours of labour, etc.

with that right must be provincial except where the objects of association are such as to bring it within the ambit of the criminal law. Trade unions were for some years regarded as criminal conspiracies, and some of their activities, such as picketing, have been considered criminal. In such respects, they are subject to the power of Parliament to enact criminal law. Thus trade unions, as voluntary associations governed by their constitution and by-laws, in other words, by the contracts between their members, may be regulated by provincial statutes relating to the civil rights of association and of contract but they are also the subject of enactments by the Parliament of Canada.

Co-operation between the Dominion and the provinces has enabled the Federal Government to assist in making more effective certain measures which in themselves are matters for the provincial legislatures. Of labour interest were such joint schemes as those authorized for unemployment relief, public employment offices between 1918 and 1940, vocational education and youth training and for the broader application of the Dominion Industrial Disputes Investigation Act. Joint action has facilitated, too, the administration of certain wartime measures, for example, the Wages Control Order and the Labour Relations Regulations.

2. TRADE UNIONS

EARLY CANADIAN LAW

The first labour law enacted by the Parliament of Canada after Confederation was a section in a statute of 1869 relating to offences against the person copied from an English consolidating Act of 1861. This clause was repealed in Britain in 1871 when trade unions were legalized and the Criminal Law Amendment Act was passed to guard against intimidation in labour disputes. In Canada, as Section 502 (1) of the present Criminal Code, it declares liable to imprisonment any person who, in pursuance of any unlawful combination or conspiracy to raise the rate of wages or respecting any trade or business or any person concerned or employed therein, unlawfully assaults any person or uses any violence or threats of violence to any person with intent to hinder him being employed at such trade.

Three years later, Parliament freed trade unions from liability to prosecution as criminal conspiracies on the ground that they were in restraint of trade. In March, 1872, printers in Toronto and other Ontario cities who had struck for a nine-hour day were imprisoned on a charge of conspiracy. The law of England against combinations of workmen as it had been in 1792 was part of the law introduced into Upper Canada in that year and was still the law in Ontario. None of the English statutes to protect unions of 1824, 1825 and 1859 was in force in Ontario. In any event, in the opinion of the employers' counsel, none of these English laws legalized combinations to induce persons to leave work before the end of the term for which they were hired or to quit work before it was finished or to refuse to enter into employment. Moreover, breach of contract was still punishable by imprisonment.

Parliament, in session at the time and roused into action, found a ready remedy. The English Trade Union Act, 1871, and its companion, the Criminal Law Amendment Act of the same year, were, with some important changes in the former, made law in Canada in June, 1872.

The Trade Unions Act, 1872, declared the purposes of a trade union, merely because they were in restraint of trade, not to be unlawful so as to render any member of a trade union liable to criminal prosecution for conspiracy or otherwise. The entire Act, unlike its English model, applied only to unions registered under its provisions, but on the incorporation of this provision in the Criminal Code of 1892, it became of general application.

The Criminal Law Amendment Act, 1872, like the English Act of 1871, was unsatisfactory to the work-people. In England, trade unions were increasing rapidly in spite of numerous convictions for conspiracy and picketing. Under this statute, a strike was perfectly legal; but if the means employed were calculated to coerce the employer, they were illegal means and a combination to do a legal act by illegal means was a criminal conspiracy. Thus, although under the Trade Union Act, a strike was no longer a conspiracy in restraint of trade, it might amount to conspiracy at common law to molest an employer or to prevent him carrying on his business.

Changes made in the Canadian law in 1875 and 1876 followed fairly closely the amendments enacted in Britain in 1875. The English Conspiracy and Protection of Property Act, 1875, stipulated that a combination by two or more persons to do or procure to be done an act, in contemplation or furtherance of a trade dispute, would not be indictable as a conspiracy unless such act, committed by one person, was punishable as a crime. Trade unionists in England had nothing to fear in future from the law of criminal conspiracy and no change has been made in this section.

In Canada, it was a different matter. The Canadian statute stipulated, as regards conspiracy, that a person could not be prosecuted for conspiracy to do any act, or to cause any act to be done for the purposes of a "trade combination" unless the act was an offence *indictable* by statute or punishable under the 1876 Act itself. A "trade combination" was defined as

any combination between masters or workmen or other persons for regulating or altering the relation between any persons being masters or workmen, or the conduct of any master or workmen in or in respect to his business or employment, or contract of employment or service . . .

When the statutes were revised in 1886 for the first time since Confederation, Section 4 of the Act of 1876 was altered to except from the immunity conferred by the Act all acts *punishable* by statute.

A further amendment in the section was made in 1890 following the conviction of certain Hamilton bricklayers who struck in 1888 against working with a non-unionist. No person is now liable to prosecution "for conspiracy in refusing to work with or for any employer or workman".

PICKETING

The successful conduct of a strike depends, according to trade unionists, on the freedom of the strikers to inform other workers and the public of the circumstances of the strike with a view to preventing the employer replacing the strikers and so carrying on his business. To this end, pickets are placed about the "struck" workplace.

The English and Canadian amendments in the criminal law in 1871 and 1872, respectively, made it an offence to "molest or obstruct" a person with a view to

coercing such person to cease or abstain from work or to belong or not to belong to a trade union or to alter the mode of carrying on his business. A person was to be deemed to molest or obstruct another, if *inter alia*, he watched or beset the place where the latter resided or carried on business.

After some tentative changes in 1875, the Canadian section was amended in much the same manner as the English in the preceding year. This section of the criminal law was redrawn, the words "molest" and "coerce" were omitted and a qualifying clause was added to except certain acts from "watching or besetting". It was stipulated that

"attending at or near or approaching to such house or other place as aforesaid, in order merely to obtain or communicate information, shall not be deemed a watching or besetting within the meaning of this section."

The English and Canadian statutes concerning picketing in 1876 differed, however, in one particular. The accused in England, by the Act of 1876, had the option of trial by jury. In Canada in 1905 Parliament inserted a phrase expressly declaring that the accused had the option of trial by jury.

Again, revision of statutes in Canada resulted in a change in the law. When the criminal law was codified in 1892, the qualifying clause attached to the picketing section was omitted. It was re-enacted in 1934 and at the same time Parliament struck out the words "at the option of the accused".

New statutes in Britain in 1906 and 1927 have brought about further differences between the law concerning picketing in Britain and Canada. The former extended legal picketing to cover not only "peacefully obtaining or communicating information" but also "peacefully persuading any person to work or abstain from work". It also amended the civil law of conspiracy by removing from trade unions liability for damages for conspiracy to coerce or injure an employer by interfering with his business. The Act of 1927 declared illegal any strike which has any other object than a furtherance of a labour dispute in the industry in which the strikers are employed *and* which is calculated, and can reasonably be expected, to coerce the Government, either directly or by inflicting hardship on the community. As regards picketing, the 1927 statute made "attending" near a place of business illegal if the pickets attended in such numbers or otherwise in such manner as to be calculated to intimidate any person or obstruct the entrance to or egress from such business premises.

RESTRAINT OF TRADE

The belief that trade unions were criminal conspiracies in restraint of trade grew up towards the middle of the nineteenth century. Its effects and the remedial action taken have been described above, but the common-law doctrine that undue restraint of the free course of trade is unlawful affected also the civil rights of trade unions. Unions with rules for calling out their members on strike, for fining and expelling members and so on, were considered to be restraining trade and therefore unlawful at common law to the extent that they were unable to seek redress from the Courts for wrongs or to secure assistance in enforcing their contracts and protecting their property.

The Canadian Trade Unions Act, 1872, reproduced the civil provisions of the English Act of the preceding year but limited them to unions registered under the Act. Most unions in Canada are unregistered and thus these provisions were largely abortive. So the disability of unions at common law persisted except in those provinces in which later legislation expressly legalized unions or dealt with them in such a way as to indicate clearly the Legislature's intention that they should be considered "lawful" associations in that sense.

In addition, the Canadian Act, like its English model, was declared to apply only to a union which would, but for the Act, have been deemed to be unlawful on the ground that its purposes were in restraint of trade. Since not all unions have rules which can be regarded as restraining trade, and since it was necessary to show that the objects of a union were unlawful in that sense before a union could be registered under the Act, this restriction was removed in England in 1876.

Moreover, the civil provisions of the Canadian Act, it was suggested by several judges between the years 1923 and 1930, were an invalid enactment of Parliament as legislation in relation to civil rights.

Ontario was one province which had no statute covering trade unions and in which the common-law doctrine applied. Accordingly, the Ontario Collective Bargaining Act, 1943, stipulated that "a collective bargaining agency", a much broader term than "trade union", should not be deemed to be unlawful by reason only that one or more of its objects were in restraint of trade. On the repeal of the 1943 statute, this provision was incorporated in the Rights of Labour Act, 1944.

Alberta and Saskatchewan followed Ontario's lead in 1944, Alberta inserting a similar provision in the Industrial Conciliation and Arbitration Act and Saskatchewan in the Trade Union Act.

CIVIL LIABILITY OF TRADE UNIONS

Trade unions in the common-law provinces of Canada have, from time to time, been sued for damages for wrongs done to others. As unions are, for the most part, unincorporated associations, an action must be brought against all the members through properly chosen representatives.

Designed particularly to free trade unions and their officers from liability to damages for the acts of their members in connection with a labour dispute, which were not authorized or concurred in by the officers or by a majority vote of the members, the British Columbia Trade Unions Act of 1902 was the first provincial statute in Canada relating to trade unions. Like the British Trade Disputes Act, 1906, it was intended to correct a situation revealed by a judgment awarding damages and an injunction against a union, but unlike the British Act, it did not amend the law of conspiracy by prohibiting actions for damages on the ground of conspiracy to injure. The British Columbia Act stipulated, further, that a union and its officers could not be enjoined from, nor held liable in damages for communicating or publishing facts or for mere persuasion of others, without threats, in connection with a strike. This statute appears to have come before the Courts only twice. In both cases, on an equal division of the Supreme Court of the province, the trial court's judgment against the defendants

was affirmed. Both were picketing cases, one an action for damages and the other a prosecution under the Criminal Code.

Manitoba enacted somewhat similar provisions to those of British Columbia in 1919 but they were not put in effect.

In 1944, the Ontario Rights of Labour Act and the Saskatchewan Trade Unions Act amended the civil law of conspiracy in the same manner as the British Act of 1906. No act done by two or more members of a trade union is actionable, if done in furtherance of a trade dispute, unless the act would be actionable if done without such combination.

Under Quebec civil law, no provision is made for a representative action. An unincorporated association cannot appear, and its officers have no capacity to represent it, before the Courts. This opinion was affirmed by the Supreme Court of Canada in 1930 in a case involving an "international union". But, in 1924, Quebec had provided in the Professional Syndicates Act for the incorporation of unions of which the officers and two-thirds of the members are British subjects. Thus, "professional syndicates", that is, most of the National Catholic Unions, could sue and be sued but no suit could be brought against other unions.

In 1938, the Quebec Legislature enacted what is now called the Special Procedure Act. This statute enables an action to be brought against any unincorporated association, which is not a partnership, formed to secure any "industrial, commercial or professional" advantage for its members, by summoning one of its officers or by suing the association under its ordinary name.

FREEDOM OF ASSOCIATION

In the late thirties, several provinces placed on their statute-books laws to promote trade unionism. Statutory recognition of the freedom of workpeople to join trade unions for purposes of collective bargaining was accorded before the war in all provinces except Ontario and Prince Edward Island. In 1943 and in 1945, respectively, the Ontario and Prince Edward Island Legislatures declared the right of workers to organize and bargain collectively.

When business began to expand after 1933, the unions undertook an active organizing campaign. They were encouraged by the enactment in the United States in 1933 of the National Industrial Recovery Act containing provisions intended to promote collective bargaining and in 1935 of the Wagner National Labour Relations Act. The latter safeguarded the right of the workpeople to join unions and required employers to negotiate with them.

Accordingly, when the Canadian unions encountered strong opposition from employers, they demanded a statute not only declaring freedom of association but also making it an offence to interfere with the exercise of this right. A bill prepared by the Trades and Labour Congress was enacted, with some additions, in 1937 in Nova Scotia and in 1938 in Saskatchewan. Incorporated in statutes designed to settle disputes between employers and employed, provisions of a somewhat like nature became law in 1937 in British Columbia, Manitoba and Quebec, and in 1938 in Alberta and New Brunswick. The Ontario Collective Bargaining Act, 1943, and the Prince Edward Island Trade Union Act, 1945, included clauses to the same effect.

In all these provinces except Manitoba, it was made illegal to make it a condition of employment that a worker shall not be a member of a union. Moreover, it is an offence to dismiss or threaten to dismiss an employee or impose any pecuniary penalty on him with a view to preventing him becoming or continuing to be a member of a trade union.

The Dominion Government, at first, took the position that Parliament had no power to enact a law concerning the civil right of association. In 1939, however, Parliament added a section to the Criminal Code (Sec. 502A) making it an offence for an employer "wrongfully and without lawful authority" to dismiss, or threaten to dismiss, a workman for the sole reason that the latter is a member of a lawful trade union. Considerable difficulty was found in presenting satisfactory evidence that the employer's action in any case was due solely to the workman's membership in a union. However, in a Quebec case in 1942, the Court of King's Bench upheld a conviction, taking the view that the "sole" reason was the "determining" reason.

Meantime, by Order in Council in June, 1941, under the War Measures Act, the Dominion Government had supplemented the machinery of the Industrial Disputes Investigation Act, which at that time applied to war industries, by providing for the appointment of commissioners to enquire into disputes with a view to composing them without recourse to the more formal I.D.I. boards. In particular, the Minister was authorized to direct inquiry into any charge of dismissal or discrimination on the ground of union membership or activity and to issue any order he considered necessary to give effect to the recommendations of the commissioner. A penalty could be imposed, under an amendment of May, 1943, on any person refusing to obey such an order.

The Dominion Wartime Labour Relations Regulations, 1944, make it an offence to insert in a contract of employment a condition restraining a workman from becoming or continuing to be a member of a trade union or to seek, by dismissing or threatening to dismiss or by any other threat, to compel an employee not to continue his union membership or activity.

RETURNS REQUIRED OF TRADE UNIONS

Certain information is, or may be, required by the Government from trade unions by the law of the Dominion and most of the provinces.

The Dominion Trade Unions Act requires a union which has registered under its provisions (registration itself is merely permissive) to furnish each year the names of the officers and changes in rules, together with a statement of the receipts and expenditures in respect of its different objects and its assets and liabilities at the time. Members of the union may receive a copy of this statement on application to the union.

Further, the Dominion Wartime Labour Relations Regulations, 1944, authorize the Labour Relations Board to require any employers' organization, trade union or employees' association which is affected by an application for certification of bargaining representatives or by an existing collective agreement to file with the Board a copy of its constitution and by-laws and the names of its officers. Every employers' organization, trade union and employees' association must furnish its members with an annual statement of its income and expenditure.

The provincial laws do not provide for "registration" but every trade union in Alberta, British Columbia, Nova Scotia, Prince Edward Island, Quebec and Saskatchewan must furnish the Government with a copy of its constitution and by-laws and the names of the officers. In New Brunswick, this information and an annual financial statement must be submitted when required. In Alberta, also, a statement may be required of the union's financial position. In Nova Scotia and Prince Edward Island, such a statement must be filed annually. The Quebec Labour Relations Act, 1944, requires a statement of initiation fees and any assessments levied on the union members and, as in British Columbia, a copy of any collective agreement. The Prince Edward Island Trade Union Act, 1945, stipulates that the treasurer of a union must be bonded and have his accounts audited by a chartered accountant named by the union. In Ontario, the Act of 1943, now repealed, required certain returns to be made.

UNION LABELS

Legal protection was given by the Parliament of Canada in 1927 to labels affixed to articles to indicate that the latter were manufactured under working conditions determined by collective agreement between the manufacturer and the union. The Trade Mark and Design Act was amended to prohibit the use of a union label by any person, company, or union other than the union registering the label with the Dominion Secretary of State. In 1938, similar protection was given to union "shop cards". These are cards displayed in work-places, such as barber-shops, restaurants and other places, where union members give service to the public under conditions of employment fixed by the union.

In Quebec, the Professional Syndicates Act authorizes unions incorporated under it to deposit their label with the Government.

3. COLLECTIVE BARGAINING

"Collective bargaining" applies, in countries where it is well established, to negotiations between employers' associations and trade unions. It is "collective" on both sides. In Canada, the term is used loosely to denote negotiations between a single employer and a trade union, or, in some cases, between an employer and an association confined to his own employees.

In Britain a collective agreement is merely "a gentlemen's agreement"; it cannot be enforced as between the parties. The terms of the agreement, of course, may be part of a workman's contract of service and as such are enforceable. A union has no legal personality, and, in addition, the Trade Union Act, 1871, stipulates that no Court may entertain any proceeding instituted with the object of directly enforcing or recovering damages for the breach of any agreement "between one trade union and another". An association of employers is a trade union within the meaning of the English Act, but not of its Canadian counterpart.

In connection with an agreement between the railway shop-crafts' unions in Winnipeg and the Canadian Northern Railway, the Judicial Committee remarked in 1931:

"... it does not appear to their Lordships to be a document adapted for conversion into or incorporation with a service agreement, so as to entitle master and servant to enforce *inter se* the terms thereof. . . . It appears to their Lordships to be intended merely to operate as an agreement between a body of em-

ployers and a labour organization by which the employers undertake that, as regards their workmen, certain rules beneficial to the workmen shall be observed. By itself it constitutes no contract between any individual employee and the company which employs him. If an employer refused to observe the rules, the effective sequel would be, not an action by any employee, not even an action by Division No. 4 against the employer for specific performance or damages, but the calling of a strike until the grievance was remedied."

This voluntary system of collective bargaining in Britain has, in the words of a 1934 Ministry of Labour Report,

"for many years been recognized in this country as the method best adapted to the needs of industry, and to the demands of the national character, in the settlement of wages and conditions of employment. Although collective bargaining has thus become established as an integral part of the industrial system, it has discharged its important function on the whole so smoothly and so unobtrusively that the extent of its influence is apt to be underestimated. It has produced a highly co-ordinated system of agreed working arrangements affecting in the aggregate large numbers of workpeople and defining, often with great precision, almost every aspect of industrial relations."

Statutes in Canada concerning collective bargaining make one or more of the following provisions:

- (1) merely declare the "right" of workers to bargain collectively;
- (2) facilitate the negotiation of collective agreements by requiring an employer to "recognize" and negotiate with the representatives of a trade union in which his workers are organized; or
- (3) give legal effect to a collective agreement under certain conditions and provide, in certain circumstances, for the legal application of an agreement to non-parties.

GENERAL APPLICATION OF A COLLECTIVE AGREEMENT

The first statutes in Canada dealing expressly with collective bargaining were the Quebec Professional Syndicates Act of 1924 and the Quebec Collective Labour Agreements Extension Act of 1934. The former provides for the enforcement at law of a collective agreement to which a syndicate, incorporated under the Act, is party if certain conditions are complied with.

The main provision of the Collective Agreement Act, as it is now called, is the application, by statutory order, to non-parties of the wages, hours, and apprenticeship terms of a collective agreement voluntarily entered into by one or more employers or employers' associations and one or more trade unions or "groups of employees". The parties must represent a sufficient proportion of the industry. Agreements under this Act cover a large part of Quebec industry. They are enforced by joint committees, which are incorporated bodies financed by employers and employed, with power to collect information and to sue for unpaid wages and damages.

Two results of the operation of the Quebec Statute have been the formation of employers' associations for collective bargaining and a raising of wages in many workshops to the rates paid by good employers. The Dominion Wages Control Order has, of course, restricted such operation in wartime.

The Collective Agreement Act is unique on this Continent, but its principles are widely accepted in other countries, including New Zealand and South Africa. The generalization by law of a collective agreement is one of the two principal provisions of the British Wages Councils Act, 1945. Made effective first in 1940 under the Defence Regulations, this provision is to remain in force until December 31, 1950, unless Parliament otherwise determines. The Commonwealth Government of Australia, unable under its constitution to take such action in time of peace, made an order under the National Security Act declaring a collective agreement to be a common rule throughout the industry concerned.

THE "RIGHT" TO BARGAIN COLLECTIVELY

Statutes declaring the workers free to organize in trade unions usually included, or were amended to include, a declaration of the right of employees to bargain collectively with their employer or employers. Such a declaration was made in Nova Scotia and British Columbia in 1937, Alberta, Saskatchewan and New Brunswick in 1938, Manitoba in 1940, Ontario in 1943, and Prince Edward Island in 1945.

COMPULSORY BARGAINING

Of a different sort are other provisions of the enactments in these years concerning collective bargaining. The Nova Scotia Trade Union Act, 1937, made it an offence for an employer to refuse to bargain with a trade union. British Columbia in 1937 and Alberta in 1938 required an employer to negotiate with the representatives of the majority of employees concerned. The Ontario Collective Bargaining Act, 1943, now repealed, made collective bargaining compulsory where the employees were organized in a trade union or in an employees' association including the majority of the workers.

The Quebec Labour Relations Act, 1944, and the Saskatchewan Trade Union Act, 1944, also require employers to negotiate with the representatives of a trade union or association. In Quebec, the union or association must include an "absolute majority" of the workpeople of the particular class or of the establishment; in Saskatchewan, the bargaining representatives must be chosen by the majority of the employees concerned. Prince Edward Island followed the other provinces in 1945 by requiring an employer with 15 or more regular workmen to bargain with a trade union or association representing the majority choice of the employees eligible for membership in it.

All the Acts provide penalties for an employer who refuses to bargain. Saskatchewan goes further and empowers the Government, on application of the Labour Relations Board, to take over and operate any business or plant of an employer who wilfully disregards an order of the board.

The definition of a trade union, employees' association, and collective bargaining agency varies in these statutes. In Alberta and British Columbia, the Acts have been amended to distinguish more clearly between a trade union and an employees' association. Except in Nova Scotia and Prince Edward Island, machinery is provided to determine disputes concerning employees' representatives and to facilitate, by other means, the negotiation of an agreement.

After the enactment of the Dominion Wartime Labour Relations Regulations in 1944, applying to trans-

port and communication agencies and to war industries, and, if a province so enacts, to other industries in the province, the legislation concerning collective bargaining in British Columbia, Manitoba, New Brunswick and Nova Scotia was suspended during the emergency with respect to all industries. The Ontario statute was repealed.

The Dominion Regulations of 1944 require every employer to negotiate in good faith with a trade union or other bargaining representatives acting for a majority of his workmen. The National Wartime Labour Relations Board has power to determine questions concerning representation. Other provisions of these Regulations are outlined in the section above on Freedom of Association and in the section below on Conciliation and Investigation of Disputes.

4. CONCILIATION AND INVESTIGATION OF DISPUTES

EARLY PROVINCIAL LEGISLATION

The provinces were first in this field, but, except a Nova Scotia compulsory arbitration law of 1888, and another of 1890, both repealed, the early Acts had few compulsory features. They provided for conciliation and, if the parties agreed, for arbitration. The early statutes in British Columbia, Ontario, and a Nova Scotia Act of 1903 have been repealed. The Quebec Trade Disputes Act of 1901, a somewhat similar measure but amended from time to time to make it more workable, is the only one to survive and its machinery has been utilized frequently.

CONCILIATION AND LABOUR ACT

The Dominion entered the field in 1900. A Royal Commission on Labour and Capital in 1889 had recommended the establishment of a Bureau of Labour to collect and publish labour information. Statutory provision for such a bureau was made in 1893 but none was created. In 1899 a Dominion inquiry into conditions in the metal mines of British Columbia had resulted in a recommendation that the Government should provide mediation services in labour disputes and set up a Department of Labour. About the same time an inquiry was made by the present Prime Minister into the execution of Dominion contracts for clothing for postal workers. The deplorable conditions revealed led to the adoption by Parliament, in 1900, of a "Fair Wages Resolution" to ensure the payment of fair wages to workers carrying out government contracts. The flood of immigrants and increasing industrialization brought labour problems to the fore and attracted public attention. So, the Conciliation Act, 1900, was passed and a department of labour established to administer the statute and the new fair wages policy.

The Conciliation Act, like its Imperial model of 1896, was merely a permissive measure. The Minister of Labour was authorized to collect and publish labour information and to appoint conciliation officers or a conciliation board whose services could be placed at the disposal of either or both parties to a dispute. Unobtrusive in its operation, this provision has been of great value in the early stages of a dispute before a stoppage of work has occurred and in composing differences which have resulted in a strike or lockout. The great bulk of the work accomplished under this Act is, necessarily, unknown to the general public.

A strike of railway trackmen in 1901 led to a further enactment, the Railway Labour Disputes Act, 1903. Drafted as a compulsory investigation measure forbidding a strike or lockout until after inquiry, the Bill was revised at the insistence of labour merely to enable the Minister, at the request of a municipality or on his own initiative, as well as at the request of either party, to appoint a tripartisan committee of conciliation and investigation in connection with a dispute involving railway workers. Having learned a lesson from the early provincial laws, Parliament provided against one party preventing the holding of an inquiry by authorizing the Minister to appoint, without nomination, a member of the committee to represent the party refusing to nominate a representative. If the committee were unable to agree on a settlement, the dispute was to be referred to an "arbitration" board which had power to summon witnesses and call for the production of documents. The report of a board was not binding but the publicity given to it was considered likely to effect a settlement in such a public utility as rail transport.

The Railway Labour Disputes Act applied to the Crown and its provisions were utilized in two disputes involving the Intercolonial Railway and in 1921 in one on the Canadian National. A 1904 dispute was between the Grand Trunk Railway Company and its telegraphers.

The Conciliation Act and the Railway Labour Disputes Act were consolidated as the Conciliation and Labour Act, 1906.

INDUSTRIAL DISPUTES INVESTIGATION ACT, 1907

Then came a strike of coal miners in Alberta causing a serious shortage of fuel in the Prairie Provinces. Parliament took prompt action. The principles of compulsory investigation by a government-appointed board and reliance on public opinion as a final court of appeal were incorporated in a statute of 1907, but to them was added a more coercive element in the prohibition of a stoppage of work pending investigation. The main provisions of the Act had to do only with mines, transport and communication agencies, and with gas, electric, water and power works where ten or more persons were employed. Its machinery could be applied, however, to any dispute in industries other than those mentioned if both parties to the dispute consented.

On the application of either party, a board of conciliation and investigation was to be appointed within 15 days from the receipt of the application. By amendments of 1918 and 1920, a board could be established at the request of a municipality or on the Minister's initiative. A board was to have one representative each of employers and workers and an independent chairman. If the parties agreed to be bound by the recommendation of a board, it could be made a rule of court and enforceable. Employers and employed were required to give 30 days' notice of an intended change as to wages and hours and, if such notice caused a dispute, neither party could alter the wages-and-hours conditions until the dispute had been dealt with by a board.

The Industrial Disputes Investigation Act was not declared to apply to the Crown but it stipulated that a railway labour dispute might be referred for settlement under the provisions concerning such disputes in the Conciliation and Labour Act.

In connection with one class of workmen, there was some difficulty in the administration of the Act. The question of jurisdiction as between the Dominion and

the provinces arose in several disputes involving provincial or municipal employees. In 1911, the Montreal Street Railway Company challenged the Dominion's power to enact such a statute. A Quebec Superior Court upheld the validity of the Act on the ground that the subject-matter had a general or national importance and was connected with the peace, order and good government of Canada.

Nevertheless, the Deputy Minister of Labour stated in his report for 1918-19 that in the early days of the life of this statute it was the practice to establish a board in a dispute involving municipal utilities "in the absence of a distinct protest by the municipality on the ground of jurisdiction". When the City of Edmonton in 1917 applied for an order to restrain a board from inquiring into a dispute with its street-railway employees, the Dominion authorities did not oppose the injunction and no inquiry was made. Thereafter, until 1923, the department adopted the policy of applying the Act to provincial or municipal disputes only by joint consent of the parties.

In 1923, a board was established in a case involving the Toronto Electric Commissioners, a municipal body. A restraining order applied for by the Commissioners was granted and the question of the validity of the Act was before the Courts. The Ontario Court of Appeal upheld the Act, considering that it provided machinery for inquiry into disputes

"which may, and in other cases will develop into disputes affecting not merely the immediate parties thereto, but the national welfare, peace, order and safety and the national trade and business . . . the legislation is not law in relation to municipal institutions, local works, property and civil rights or matters purely local as these words are used in the British North America Act."

The Judicial Committee of the Privy Council reversed this decision in January, 1925. The Committee, agreeing with Mr. Justice Hodgins of the Ontario Court, declared that the Act was one primarily affecting property and civil rights, a subject reserved to the provincial legislatures except in the case of a national emergency.

The Industrial Disputes Investigation Act was, thereupon, amended to restrict it, in the first instance, to disputes within its scope which are in connection with works within Dominion jurisdiction, and, second, to enable its application to disputes within its scope which are within the jurisdiction of any province on enactment by the provincial legislature of a statute declaring the Act to apply. As regards works within Dominion jurisdiction, the Act was declared to apply, in particular, to works in connection with navigation and shipping, railways, canals, telegraphs and other works extending beyond the bounds of any province, works carried on by aliens or by companies incorporated under Dominion authority, or undertakings declared by Parliament to be for the general advantage of Canada or of two or more provinces.

Between 1925 and 1932, all the provinces except Prince Edward Island enacted laws bringing the Dominion statute into force in their respective jurisdictions. From 1932 to 1937 this situation remained unchanged. In the latter year, British Columbia repealed the enabling Act of that province. Alberta and Saskatchewan took the same action in 1944 and 1945 respectively.

Further information concerning the operation of the Dominion Act during the war is given below under the sub-heading War-time Measures of the Dominion Government.

PROVINCIAL LEGISLATION, 1906-1936

Meantime, several provinces had passed statutes of limited scope but, like the I.D.I. Act, with more coercive elements than the early legislation.

In Ontario, the Railway and Municipal Board Act, 1906, provided for mediation by the Board in a strike or threatened strike in connection with electric or steam railways within the province or, by an amendment of 1913, in connection with public utilities. Failing settlement, the Board could make its findings public. Further, under the Ontario Railway Act, the Board could take over the operation of any railway within its authority if service was suspended. In 1940, these provisions of the Municipal Board Act were repealed.

Investigation of a dispute before a stoppage of work was permitted was required by the Quebec Municipal Strike and Lockout Act, 1921. This statute applied only to municipal police, firemen, and men employed in connection with waterworks or garbage disposal if there were at least 25 in any one class. These and other municipal workers are now within the scope of the Public Services Employees' Disputes Act, 1944.

From 1919 to 1922, the Manitoba Industrial Conditions Act provided for inquiry and conciliation in disputes by a permanent council. In the latter year no funds for its operation were appropriated by the Legislature.

Except these three statutes of limited scope, no provincial legislation in this field was enacted until after the Dominion Industrial Disputes Investigation Act was declared invalid. However, the most of the industrial provinces carried on conciliation work.

In Nova Scotia and Alberta, disputes in the coal mining industry had caused numerous boards to be established under the Dominion Act. There was no question that disputes involving mines were within the provincial legislative power. Measures providing machinery similar to that of the Dominion Act were accordingly enacted in these provinces in 1925 and 1926 respectively. The Nova Scotia Industrial Peace Act applied to mines and public utilities employing ten or more, and prohibited a strike or lockout pending inquiry. The Alberta Act applied to all disputes, but a stoppage of work was not forbidden. The latter was changed in 1928 to cover only disputes which were not within the scope of the I.D.I. Act as made effective again in Alberta through a provincial statute of that year.

From 1932 to 1937, the I.D.I. Act, as amended in 1925, was in effect, by virtue of provincial enactments, in all provinces except Prince Edward Island. Alberta retained her Labour Disputes Act but Nova Scotia in 1926 repealed the statute of the previous year. Quebec and Ontario had laws applying to special classes of workers and Quebec had its Trade Disputes Act.

PROVINCIAL LEGISLATION AFTER 1936

As a result of widespread organizing activity on the part of unions in the middle thirties, the much more highly developed labour departments in some provinces and the public demand for greater attention to labour problems as the depression of the early thirties brought deplorable conditions to light, the provinces took action

in one field of labour legislation after another: minimum wages for men, maximum hours of work for men as well as women, higher standards here and there for school attendance and for the employment of young persons, better factory inspection, improved enforcement machinery and regulations to ensure the payment of wages.

British Columbia and Manitoba in 1937 enacted statutes providing machinery much the same as that of the I.D.I. Act. Both these statutes and the Alberta and New Brunswick laws of the next year differed from the I.D.I. Act in three important particulars. First, they provided for informal inquiry and mediation before a formal tripartite board could be set up to deal with a dispute. Second, they set time-limits on each stage of the proceedings under the Act. Third, they included provisions, above outlined, declaring the freedom of workers to organize, and, in Alberta and British Columbia, requiring employers to negotiate with the representatives of their employees.

British Columbia repealed the enabling I.D.I. Act, but the other three provinces restricted the new statute to industries not covered by the Dominion Act. In 1944, however, Alberta repealed its I.D.I. Act and also the Labour Disputes Act of 1926.

In 1941 the Nova Scotia Conciliation Service Act gave statutory authority to the Minister to appoint conciliators to intervene in disputes.

Quebec supplemented in 1944 its voluntary methods under the Trade Disputes Act by two statutes, the Labour Relations Act and the Public Service Employees' Disputes Act. The latter, which replaced the 1921 statute relating to certain classes of municipal workers, imposes compulsory arbitration and prohibits a strike or lockout of employees of municipal or school corporations, charitable institutions, insane asylums, or of telephone and telegraph services, and those engaged in transport by rail (except Dominion railways), tram or vessel, or in the production, transmission or sale of gas, water or electricity. Arbitration may be in accordance with a collective agreement between the parties or under the Trade Disputes Act. The award is enforceable at law but is not binding for more than one year.

The Quebec Labour Relations Act, like the other provincial statutes of this period, provides machinery for determining questions of representation and others which arise before negotiations over the terms of an agreement are begun. The provisions of the Trade Disputes Act apply to disputes concerning the conditions to be set out in an agreement. As in the other four provinces, a strike or lockout is prohibited until the various stages of the prescribed procedure have been completed, including a 14-day period after investigation under the Trade Disputes Act.

Early in 1944, Saskatchewan, like Ontario, adopted a statute applying to all industries in the province the provisions of the Dominion War-time Labour Relations Regulations, 1944. But at a later session in the year, Saskatchewan repealed the Labour Relations Act and enacted the Trade Union Act. The I.D.I. Act of Saskatchewan was also repealed. The Trade Union Act not only contains the provisions relating to trade unions and collective bargaining indicated above, but it empowers the Minister to appoint a board of conciliation to inquire into and report on any dispute between an employer and his employees. While an application for a vote to

determine the bargaining rights of a trade union is before the Labour Relations Board or when a dispute is before a board of conciliation, a strike or lockout is illegal. The New Brunswick Labour Relations Act, 1945, has not yet been proclaimed. It is almost identical with the Dominion Wartime Labour Relations Regulations.

DOMINION WARTIME MEASURES

Meantime, steps had been taken to speed up the Dominion machinery for the settlement of disputes in order to take care of the increased number arising partly from demands of unions for recognition and collective agreements and partly from war conditions. The changes required were of two kinds: first, adjustment to deal with disputes over "recognition" and disputes between rival unions and, second, accelerated operation in connection with all disputes.

As regards the first problem, it had been long ago recognized that a dispute about union recognition may require different treatment from a dispute concerning conditions of work. The latter is usually settled by compromise, each side conceding a little here or there. A three-man board may dispose of such differences satisfactorily.

But as to the other kind of dispute, so numerous at this time over a rapidly enlarging field of industry, since the only means of lasting settlement appears to be "the entire abandonment by one party or the other of its claim or refusal as to recognition, the matter is one on which there cannot be a compromise". (Annual Report of the Deputy Minister of Labour, 1911). For this reason, during the war of 1914-18, one-man commissions were established to deal with disputes over union recognition or between rival unions.

In November, 1939, the scope of the I.D.I. Act was extended, under the authority of the War Measures Act, to defence projects and to industries producing war supplies, including articles deemed essential by the Minister of Labour for the war effort or to the life of the community. A year later, when the number of applications for boards and the shortage of experienced conciliators combined to slow up the operation of the Act, provision was made by Order in Council for settling as many differences as possible through inquiry and mediation by one or more commissioners. Special authority to determine questions of discrimination against unionists was given to the Minister of Labour by this Order in Council. Commissioners were able to dispose of a great many cases, but the insistent demand of labour for collective agreements and the continued opposition of some employers to collective bargaining, in spite of the laws in several provinces evincing the intention of the Legislature to promote this method of regulating working conditions, led to further action.

The Wartime Labour Relations Regulations of February 17, 1944, suspended the operation of the I.D.I. Act and so much of certain Orders in Council as were in conflict with the new Order. The latter prohibited interference by employers with trade unions or employees' associations and required every employer to negotiate in good faith with a trade union or other bargaining representatives acting for a majority of his employees. A Labour Relations Board was created to determine questions of representation and others relating to collective bargaining. The Regulations provide, too, for the appointment by the Minister of conciliation officers and boards to investigate and try to settle dis-

putes. A strike or lockout is prohibited until 14 days after a conciliation board has submitted its report to the Minister.

The Regulations apply to war industries in all provinces under the authority of the War Measures Act. By agreement, they are administered, with respect to war industries ordinarily within the provincial field, by the provincial authorities in all provinces except Alberta and Prince Edward Island. By provincial legislation the Regulations apply to other industries within provincial scope in British Columbia, Manitoba, New Brunswick, Nova Scotia and Ontario. In so far as the Dominion Regulations apply to industries normally within the provincial jurisdiction, the ordinary statutory provisions of the province are in abeyance where they conflict with the Dominion Regulations.

SUMMARY

As regards legislation concerning labour disputes, apart from wartime measures, the position, then, is that the Dominion has the Conciliation and Labour Act providing mediation services and the I.D.I. Act requiring conciliation and investigation, before a stoppage of work is permitted, in connection with such mines, transport and communication agencies, gas, electric, water and power works, as are in the Dominion legislative field, and through provincial legislation, to such of the same industries as are within provincial scope in Nova Scotia, New Brunswick, Quebec, Ontario and Manitoba. The I.D.I. Act, however, which had been extended in November, 1939, to war industries, was suspended on March 20, 1944, during the life of the Wartime Labour Relations Regulations.

Of the provinces, apart from wartime measures, Alberta, British Columbia, Manitoba, New Brunswick and Quebec have statutes providing machinery similar to that of the I.D.I. Act and forbidding strikes or lockouts while the machinery is operating. Quebec has also a voluntary conciliation measure applying generally and a compulsory arbitration Act covering certain public services. A Saskatchewan Act sets up somewhat different machinery for the investigation of a dispute which is required before a strike or lockout can legally take place. In New Brunswick, a new Act based on the Dominion Wartime Regulations may be brought in force by proclamation.

5. MINIMUM AGE FOR EMPLOYMENT AND WORKING CONDITIONS

SCHOOL ATTENDANCE

School attendance laws have affected employment in mines and factories, but children can be employed about shops, places of amusement and other work-places before and after school hours if there is not a definite prohibition of such work. All provinces now require attendance at school of children between certain ages unless a specified standing at school has been attained. New Brunswick passed such a statute in 1941 and Quebec in 1943.

In all provinces, however, poverty appears to be still a legal cause for exemption from attendance, the specific ground for exemption being the need for the child's services or for his earnings. In Nova Scotia and Prince Edward Island, poverty is expressly mentioned as a legal excuse for non-attendance. In Prince Edward Island,

attendance in rural districts is required only for 75 per cent of the term. In Ontario, Alberta, Manitoba and New Brunswick, children under the minimum school-leaving age may be exempt for not more than six weeks in a term. There are usually three terms in a school year. In Nova Scotia and Quebec, a similar exemption applies only for six weeks in a year. Manitoba and Nova Scotia restrict this provision to children over 12 and the law of the latter province stipulates that the child's services are to be available only to his parent or guardian for farm work. In other provinces there is no age-limit.

Saskatchewan, too, permits a child to be absent from school if it is necessary to maintain himself or some person dependent on him, but the law imposes no time-limit on the exemption. British Columbia makes no provision for exemption similar to that in the other provinces, but it is a defence to prove that the child was prevented from attending school by any "unavoidable cause". There is no information as to where this has been construed to include the poverty of the family.

MINES

In 1873, Nova Scotia prohibited the employment of boys under 10 in or about mines and limited the hours of those under 13 to 10 hours in a day or 60 in a week. British Columbia, four years later, fixed the minimum age for boys below ground at 12 and the maximum weekly hours for those under 15 at 30. One by one, the other provinces established minimum ages for work above and below ground and limited hours, first for young workers, later for all employed about mines.

Higher ages are usually fixed for employment in mines than in most other work-places. With one or two exceptions, the provincial standards are relatively high. Of the five coal-producing provinces of British Columbia, Alberta, Saskatchewan, New Brunswick and Nova Scotia, British Columbia and Nova Scotia fix 18 years as the minimum age for work underground in coal mines. However, wartime regulations in Nova Scotia have lowered this standard to 17½ years. In Alberta, underground work in any mine cannot be done under 17 years. In Saskatchewan where the mines are shallow and in New Brunswick the minimum for such work is 16 years.

Above ground about coal mines, the minimum age is 16 in British Columbia, Saskatchewan and Nova Scotia. Alberta has 17 years as the minimum for this work and in Saskatchewan it is 16. No minimum is fixed for employment above ground in New Brunswick.

Below ground in metal mines or quarries, 15 years is the minimum age for work in Quebec, 16 in Nova Scotia and New Brunswick, 17 in Alberta, and 18 in British Columbia, Saskatchewan, Manitoba and Ontario. Above ground there is a minimum of 15 years in British Columbia, 16 in Saskatchewan, Manitoba, Ontario and Nova Scotia, and 17 in Alberta. No minimum is established for above-ground work in New Brunswick or Quebec.

Provisions for the health and safety of miners have been greatly extended in comparatively recent years. Definite qualifications have been laid down and raised from time to time for employment in jobs involving the safety of others such as hoist-operators, overmen, shot-firers and others. There is a fair degree of uniformity in the provincial laws. As in factories, attention is being directed to particular hazards such as silicosis.

Pre-employment and periodic medical examinations are now required of metal miners in all provinces except New Brunswick and Nova Scotia.

FACTORIES

At the end of the seventies, business became much more active. The number of factories and mills increased and workers poured into them. Labour conditions worsened. For the first time, they became the subject of public inquiry. A factory Bill was presented to Parliament in 1879 and in several succeeding years by Dr. Darby Bergin, a physician in Cornwall, Ontario, who was familiar with conditions in the cotton mills. The first Bill proposed 10 years as the minimum age for factories, would have required factory children under 13 to attend school part-time, and limited the hours of women and young persons. The educational provision was omitted from later Bills. A Dominion Government commission in 1882 found children of eight and nine working in factories for long hours. A Government Bill of 1883, in the guise of a Bill to define certain offences against persons employed in factories, proposed a minimum age of 12 and a maximum 60-hour week for children under 15.

Discussion of the subject, in and out of Parliament, led to the conclusion that the Dominion had no power to enact factory legislation. Ontario, thereupon, passed an Act in 1884 and Quebec followed the next year. These identical laws were taken from the English factory law of the time. In factories employing over 20 persons, they established a minimum age of 12 for boys and of 14 for girls and restricted the hours of boys under 14 and of girls and women to 10 a day and 60 a week. The factory inspector, however, was empowered, under certain circumstances, to permit these classes to be employed up to 12½ hours in a day and 72½ in a week on not more than 36 days in a year. Certain general provisions were designed to ensure health and safety.

Ontario was the first province to establish 14 as the lowest age at which a child could be employed in any factory except a cannery. This standard, imposed in 1895, remains in effect but it was applied to canning factories in 1918. It is modified to some extent by the stipulation in the Adolescent School Attendance Act of 1919 that no person under 16 may be employed between 8 a.m. and 5 p.m. unless he has an employment certificate exempting him from school attendance.

Quebec in 1903 raised the age for factory work by boys to 13, leaving the 1885 standard of 14 for girls in effect. In 1907, the employment of boys under 14 was prohibited. In the same year, it was stipulated that children under 16 must attend night school if they were unable to read and write, but in 1910 this was revised to prohibit employment of any child under 16 unless he could read and write fluently or was attending night school. These are the present standards: a minimum age of 14 but no employment under 16 without a certificate of study or without attendance at night school.

Factory laws were passed in Manitoba in 1900, Nova Scotia in 1901, New Brunswick in 1905, British Columbia in 1908, Saskatchewan in 1909, and Alberta in 1917. In general, higher standards as regards child labour and hours of work were established by the first laws in the western provinces. Nova Scotia and New Brunswick fixed 14 as the minimum age for industrial

establishments in 1901 and 1905 respectively. A revised New Brunswick Act of 1920 dropped this provision, but in 1943 it was put in effect again.

The scope of all the provincial Acts has been extended from time to time. They now apply to all establishments using machinery and to most other workshops.

In Manitoba, Alberta and British Columbia, the present standard is 15 years; in Saskatchewan it is 14 for boys and 15 for girls. British Columbia permits exemptions to be made by the Minister. Manitoba in 1900 established 16 as the minimum age for factories, but four years later reduced the age for boys to 14. An Order of 1936 under the Minimum Wage Act made it uniform for boys and girls at 15 years. Saskatchewan began in 1909 with 14 years but in 1920 raised the age for girls to 15. British Columbia also distinguished between boys and girls in the first factory law of 1908 and exempted fish-canning and fruit-packing. After 1923, no boys or girls under 15 could be employed in factories except canneries and fruit-packing establishments. The specific exemption of these workplaces has been struck out but power is given to the factory inspector to permit exemptions.

The canning industry, which for long had special privileges, was by stages placed on the same footing as other industries under the Ontario Act. In Nova Scotia, the minimum age of 14 does not apply, during the four months from July to October, to the gathering and preparation, before the cooking or other such process, of fruits and vegetables for canning or desiccating. In New Brunswick, the Governor in Council, on conditions he considers reasonable, may exempt a factory from any provisions of the Act in order to meet seasonal conditions. In British Columbia, the general exemption given in 1923 to fish-canneries and fruit-packing establishments with respect to the employment of children under 15 was removed in 1927. However, children under 15 could, under the 1927 amendment, be permitted by the inspector to be employed in any factory for not more than six hours in a day. This limitation on hours was struck out in 1943.

The first limits imposed on hours of work for women and young persons in factories in New Brunswick and Nova Scotia were those in effect in Ontario and Quebec, ten hours in a day and 60 in a week with provision for longer hours in special cases. The four western provinces established from the first shorter hours than in the east, but also made provision for overtime for a limited period. The first British Columbia Act fixed a 48-hour week for women and Saskatchewan set the same maximum for women and boys in 1919. In 1904 Manitoba limited women's employment in factories to nine hours in a day and 54 in a week. The first Alberta Act in 1917 placed no restriction on hours of day-work. Child labour and hours of work in factories are dealt with below under the heading Maximum Hours of Labour.

Evidence before the Royal Commission on Labour and Capital led to the appointment of factory inspectors in Ontario in 1887 and in Quebec in 1888. The Commission's report of 1889 resulted in a change in the Quebec law to enable the Government to forbid the employment of girls under 18 or boys under 16 in work considered dangerous or unwholesome. Ontario copied this provision in 1895. It appeared, also, in all the

provincial factory Acts enacted later, except that of Alberta. Only in Quebec has the power been exercised. As amended in 1934, the Quebec Act gives similar authority with respect to boys under 18 and women. At the present time, Quebec regulations list three classes of establishments in which work is restricted under this authority: one of premises or occupations in which boys under 16 and girls or women may not be employed; a second list of establishments or occupations in which boys under 16 and girls under 18 may not work; and a third, indicating particular work in certain factories from which boys or girls under 18 must be excluded.

All the factory laws contained a general stipulation that a factory is to be so kept that the health and safety of the workers is not to be endangered. The factory inspector is authorized to see that this obligation is carried out and on his knowledge and experience of hazards depends the satisfactory administration of the provision. Other sections of the present Acts deal with ventilation, overcrowding, temperature, lighting, guarding of machinery, removal of dust, drinking-water, sanitary conveniences, seats for workers, safety clothing and so on. The provisions vary considerably from province to province and it is only in relatively recent years that changes have been made in the early legislation in respect to health and safety. War conditions have stimulated action on this subject. In Quebec, the regulation of health conditions in factories is a matter for the provincial Minister of Health and Welfare. New regulations to ensure healthful conditions of work have been made recently. "Sanitary physicians" appointed by that department are charged with their enforcement and appear to have similar powers to those of factory inspectors.

In Ontario and some other provinces, there is co-operation between the Division of Industrial Hygiene of the Department of Health and the Department of Labour. The former furnishes expert information concerning such technical matters as toxic substances, their effect and proper handling.

During the war, the Dominion Government has assumed some responsibility for the working conditions of persons employed in Government-subsidized plants and in premises where Government contracts are being carried out. By Order in Council of March 2, 1942, made under the War Measures Act, power was given the Minister of Pensions and National Health to require employers in such plants to keep sickness records, to display posters and distribute pamphlets concerning health and safety, to keep the premises in a sanitary condition, to provide light, heat, ventilation, water and toilet facilities satisfactory to the Minister, to provide adequate medical services and to comply with certain standards of nutrition in respect of any meals served on the premises.

SHOPS

Regulation of employment conditions in commercial establishments is much less extensive in Canada than that of factories. Laws for the protection, in some measure, of persons employed in shops have been enacted in most provinces but the regulation of other commercial establishments is even less general. Employment in offices, banks and other financial institu-

tions, hotels and restaurants, and places of amusement is affected by school attendance laws in all provinces, by minimum-age provisions and minimum-wage orders in some provinces, and, in a few cases, by the statutory regulation of hours. The standards are outlined below under the respective heads.

No minimum age for employment in shops has been established by law in Prince Edward Island, Nova Scotia, New Brunswick or Saskatchewan. In Quebec, Ontario, Manitoba and British Columbia, the same minimum applies as for factories, 14 years in Ontario and Quebec, 15 in Manitoba and British Columbia (except with permit). In Alberta in towns of over 5,000 population no child under 15 can be employed in a shop.

In Quebec, a child under 16 cannot be employed unless he can read and write fluently or is attending night school and, in Ontario, a child under 16 who is required by law to attend school cannot be legally employed between 8 a.m. and 5 p.m.

In most cases, these standards have only been attained in comparatively recent years, Alberta in 1917, Ontario in 1921, Quebec in 1934, Manitoba in 1937 and British Columbia in 1944.

Employment about shops has attracted children of school age who can be employed before and after school hours. Except in Manitoba, there is no law in Canada regulating employment of school children. The Manitoba Shops Act of 1916 forbade the employment in shops of children under 14, except with a permit for not more than eight hours a day or 48 hours a week. It stipulated, further, that boys of 13 could be employed for not more than two hours on school days and eight hours on Saturdays. In 1917 the Act was extended to apply to premises used in connection with a messenger service. Since 1937, when a minimum-wage order prohibited employment under 15 years of age in a retail store, the section limiting the work of school boys would seem to apply only to messengers.

For many years the only limitation on hours of work in shops, except in the case of children, was imposed by municipal early-closing by-laws. In Prince Edward Island, New Brunswick, Nova Scotia, and Saskatchewan, this is still true.

In Ontario in 1888, the working hours of girls under 16 and boys under 14 in shops were restricted to 12 hours in a day, 14 on Saturday, and 74 in a week. Nova Scotia raised this standard slightly in 1895, making the weekly limit 72 hours. British Columbia five years later, went a little further and prohibited the employment of children under 16 for more than 11 hours in a day, 13 on Saturday or 66½ hours in a week. In 1909, Nova Scotia imposed a much higher standard by stipulating that boys under 14 or girls under 16 could not be employed in a shop for more than eight hours in a day nor for more than four hours on Saturday. This is still the law in Nova Scotia.

OFFICES

In Alberta, Manitoba, Ontario and Quebec, there is prohibition of employment in offices below a fixed age. In Quebec, the minimum is 14 years with the same condition attached as to a certificate of study if under 16 years.

HOTELS AND RESTAURANTS

Alberta, Manitoba and British Columbia fix 15 as the lowest age at which a child may be employed in hotels or restaurants. Alberta makes it an offence to

employ in such places a girl under 18 without her parent's consent. In British Columbia, the prohibition applies to all work in connection with catering in any establishment and a permit may be issued by the Minister. In Ontario and Quebec, no child under 14 may work in these places. As in all cases in Quebec, a child under 16 may not be employed if he cannot read and write fluently or is not attending night school.

PLACES OF AMUSEMENT

Higher minimum ages apply, in general, to public places of amusement. In some cases, employment of this kind is regulated by municipal by-law.

Employment in billiard-rooms or bowling-alleys is forbidden under 18 years of age in Alberta, British Columbia and Manitoba. During the war British Columbia permits boys or girls over 16 to work as pinsetters with the consent of their parents. The general prohibition in the British Columbia and Manitoba laws applies, too, to other places of amusement to which the public has access on payment of an entrance fee.

Saskatchewan requires a permit to be obtained for the employment in such places of a child under 16. In Ontario, no child under 14 may work in a billiard-room or bowling alley and none under 16 between 8 a.m. and 5 p.m. without an employment certificate.

STREET TRADES

Children engaged in selling newspapers and other articles on the streets and public places may be subject to a municipal by-law or, in a few provinces, to provincial regulation.

The three Prairie Provinces provide for a licensing system established by municipal by-law but it is stipulated that no licence may be given to any girl or to a boy under 12 nor to a boy under 14, 15 in Alberta, without his parent's consent.

Ontario forbids the sale of articles at any time on the streets by boys under 12 or by girls under 16. Street-trading by boys under 16 is prohibited after 10 p.m.

In Quebec, the stipulation that a child under 16 must be able to read and write fluently before being employed applies to street trades. If a child of this age is attending night school, he is exempt up to 8 p.m.

MISCELLANEOUS

The Canada Shipping Act, giving effect to two International Labour Conventions, prohibits the employment at sea, except on a training-ship supervised by public authority, of a child under 14 years of age or of any boy under 18 as a trimmer or stoker. The first Convention has been revised to raise the minimum age to 15 years. The only legislation in Canada affecting employment in farm work is that requiring attendance at school.

The British Columbia Control of Employment of Children Act, 1944, applies more broadly than most of the provincial statutes. It forbids employment under 15 years of age, except with a permit from the Minister of Labour, in the following: manufacturing; shipbuilding; the generation or transmission of electricity or motive power of any kind; logging; construction or repair of buildings, roads, bridges, etc.; the catering industry, including all operations incidental to the preparation and serving of meals for which a charge is made; public places of amusement; and shops and stands for the sale of fresh fruits, soft drinks and dairy products.

The Prince Edward Island Minimum Age for Industrial Employment (International Labour Convention) Act, 1945, prohibits the employment of children under 15, except during school holidays, in a mine, factory, construction, or transport by road, rail or inland waterway, including the handling of goods at docks. This Act was passed as a step towards uniform legislation in the provinces along the lines of the International Labour Convention.

The Child Welfare Acts of Alberta, Manitoba and Saskatchewan forbid the employment anywhere of children below a certain age at night. The Alberta and Saskatchewan provisions apply to a child under 16; the prohibited hours in Alberta being from 9 p.m. to 8 a.m. and in Saskatchewan from 10 p.m. to 6 a.m. The Manitoba statute forbids the employment of any person under 18 between the hours of 9 p.m. and 6 a.m.

A general clause in the Alberta and Manitoba Acts taken from the law in Britain stipulates that no child under 16 may be employed in any occupation likely to injure his life, limbs, health, education or morals.

The present minimum school-leaving ages and the minimum ages for employment in mines, factories and shops in each province are shown in the appendix.

6. WORKMEN'S COMPENSATION

Beginning in Ontario in 1914, workmen's compensation laws are now in force in every province except Prince Edward Island. In the latter, workers on Canadian Government Railways are given compensation in case of accident under the provisions of the Dominion Government Employees' Compensation Act.

More nearly uniform than any other class of labour legislation, the provincial Workmen's Compensation Acts each provide for a system of State insurance which covers most of the hazardous industries within the province. The principles of this legislation mark the first important departure from English law for the protection of labour. Based on recommendations made after extensive inquiry by Sir William Meredith who was commissioned by the Ontario Government to suggest a more satisfactory system of employee's liability, the Ontario statute embodies principles adapted from the German system of accident insurance from a collective liability law enacted in 1911 by the State of Washington. Much of the wording, however, and some of the clauses were taken from the British Act of 1906.

Under the Canadian Acts, compensation is paid for accidents occurring in the course of employment and for certain industrial diseases which, except for some half-dozen, vary from province to province. The worker is entitled to compensation regardless of the employer's financial position. Classified and assessed on their pay-rolls according to the hazard of their industries, the employers in each province contribute to an Accident Fund which is administered by a provincial board. The Fund bears the whole cost of medical aid and compensation, including the expenses of administration. In British Columbia, however, the employees contribute to the cost of medical aid. In some provinces, certain large corporations, such as railway companies, are individually liable.

The coverage of these Acts has been broadened but little since their enactment. In general, they relate to mining, manufacturing, construction and transport but only in two or three provinces do they apply to com-

mercial establishments, hospitals and other such institutions, to agriculture or to small work-places in industries within the Act. The Workmen's Compensation Boards have power to exclude small undertakings. From time to time additional diseases are made compensatable.

Under the Dominion Government Employees' Compensation Act of 1918, any person employed by the Dominion Government, or his dependant, is entitled to compensation for an accident occurring in the course of his duties in the same manner as a workman in private industry in the province in which the accident occurs. The amount of compensation is determined by the provincial Workmen's Compensation Board and paid by the Dominion Government.

Benefits payable under the provincial Acts are shown in the appendix.

7. MINIMUM WAGES

The minimum rates fixed, under provincial legislation, for experienced workers in certain classes of establishments are set out in the appendix to this article.

Before the end of the war of 1914-18, the plight of low-paid women workers caused minimum-wage laws to be enacted in Manitoba and British Columbia. Saskatchewan and Ontario followed in 1919 and 1920. By the end of 1930 all provinces, except New Brunswick and Prince Edward Island, had legislation enabling an administrative authority to establish, usually subject to approval by the Lieutenant-Governor in Council, minimum rates for women. The Acts in Manitoba and Saskatchewan covered factories and shops, hotels, restaurants and places of amusement and the former applied also to offices. In other provinces all employed women except farm workers and domestic servants were within the scope of the legislation. The first Acts in the three Prairie Provinces applied only to cities and towns.

In New Brunswick, a Minimum Wage Act was enacted in 1930 but it was not put in force. Under a statute of 1936, as amended in 1938, minimum rates have been fixed for men or women in particular plants or in a particular industry in a certain area but no general orders have been issued. Not yet proclaimed in effect, a New Brunswick law along the lines of those in other provinces was placed on the statute books in 1945.

Under the first provincial laws, minimum weekly rates were based on a cost-of-living budget for a single woman. Lower rates were fixed for learners or handicapped workers. In the four western provinces, the Minimum Wage Board had power to limit hours and to regulate other conditions. This authority was utilized, chiefly, with respect to work-places not within the scope of any other statute, such as hotels, restaurants, shops and places of amusement. At the present time, the Manitoba Act and the British Columbia Female Minimum Wage Act give authority to limit hours.

The depression of the thirties revealed weaknesses in this legislation, principally, the lack of proper provision to ensure its enforcement, failure to guard against payments below the minimum for slightly reduced hours of work, and to fix punitive rates for part-time work, the hiring of "learners" as soon as the old ones had reached the "experienced" worker's rate, and the employment of men to replace women at lower rates. The two most important developments were the stipulation in most cases that the rates applied to a certain weekly

work-period with higher rates for part-time and overtime work, and second, the extension of the legislation to men. By 1939 all the laws, except that of Nova Scotia, provided for minimum rates for male workers, either by amendment to the existing Act or, as in British Columbia and Alberta, by enacting a second minimum wage law applying only to men. In Ontario, only one order relating to men was issued, that for the textile industry. During this period, too, Alberta, Manitoba and Saskatchewan enabled orders to be applied throughout the entire province.

In general, in Quebec and Saskatchewan, the same minimum rates have been fixed for men and women when employed in the same class of work-places; in other provinces different rates for men and women are fixed by orders applying to certain work-places. In Alberta, Manitoba and Saskatchewan, a minimum hourly rate has been established for male workers who are not within the scope of any special order. In some provinces, hourly, instead of weekly, rates are now established for some classes of workers, particularly men. In Alberta and British Columbia, the same rates apply throughout the province; elsewhere the minima vary as between two or more zones.

The free operation of minimum-wage-fixing machinery in the provinces has been affected by the Dominion wages stabilization policy. As amended, however, in 1944, the Wartime Wages Control Order, 1943, has the effect of permitting the provincial authorities to increase a minimum rate up to 35 cents an hour or to an equivalent weekly rate.

In Manitoba, minimum rates and maximum hours are fixed under the Fair Wage Act for men engaged on private building projects in cities or towns of over 2,000 people and on road and bridge construction in the province.

INDUSTRIAL STANDARDS ACTS

The "hard times" of the thirties brought about not only amendments in the existing minimum wage laws but what was in Canada a more novel type of legislation. The Industrial Standards Acts of Ontario, Alberta, Saskatchewan and Nova Scotia provide minimum-wage-fixing machinery not unlike that in other countries. In the Canadian provinces, as in the American states, minimum rates are determined, under the Minimum Wage Acts, by a single government board. In some cases, before an order is made, public hearings are held; in others, representatives of labour and industry are called in to confer with the board.

In Britain, in certain Australian States, under the United States Fair Labour Standards Act, and in some European countries, minimum rates are determined for each industry by a joint board or committee of the employers and workers in the industry. They are made effective by statutory order. The rates agreed on by the joint body may be referred back to it for reconsideration but usually they cannot be changed by the Minister in charge of the Act. These "trade boards", as they were called in Britain, now "wages councils", or in Australia "wages boards", are permanent bodies reviewing the situation from time to time; in other cases, the wage-fixing committees dissolve after the rates have been made binding.

The Ontario Industrial Standards Act of 1935 provided that when, at a conference called by the Minister at the request of employers or employed in any industry,

"a proper and sufficient representation" of the employers and employees agree on minimum wages and maximum hours, the Government on the recommendation of the Minister, may declare these terms legally binding on the entire industry in the district concerned. A joint committee may be appointed to assist in enforcing the conditions. Established when rates for skilled workers, particularly in the building trades, had fallen very low, this statutory machinery was applied to some industries, such as construction in certain cities and some branches of the clothing industry, where the workers are organized and had been accustomed to collective bargaining, but the Act does not recognize trade unions or collective agreements as such. In other trades and industries where there is inadequate or no organization of labour, wages and hours are also regulated under this statute. In an industry in which there is interprovincial competition, such as clothing, the conditions made binding by Order in Council may be enforced by the joint committee and the cost paid from an assessment levied on employers or on both employers and employed.

Statutes of like title were enacted within the next year or two in Alberta, Saskatchewan and Nova Scotia. In the two last-named provinces, the law can be applied only to construction; in Nova Scotia, only in Halifax and Dartmouth. Manitoba, in amending its Fair Wage Act covering government construction, also enabled the wages and hours agreed on by representatives of the parties to be legalized for the trade or industry concerned but the provision relates only to trades designated by the Government.

Noted in this connection, too, should be the Quebec Collective Agreement Act which is described above under the heading Collective Bargaining. The fundamental principle of the Quebec Act is voluntary collective bargaining but the application by Government of a collective agreement to unorganized workers involves the principle of minimum-wage fixing.

8. FAIR WAGES

"Fair Wages" is a term used in Britain and Canada to denote the wages required by Government policy to be paid to persons employed in the execution of contracts for the Government. Specific rates are not laid down in the Order in Council setting forth the policy but the general stipulation is made that the rates must be such as are generally accepted as current for competent workmen in the district in which the work is performed.

Adopted by the House of Commons in March, 1900, and worded like the resolution of the British House of 1891, the "Fair Wages Resolution" was directed against the evils arising from the sub-letting of contracts as disclosed in 1898 in the report by Mr. W. L. Mackenzie King on the conditions surrounding the carrying out of contracts for postal workers' uniforms. The policy applies to public works, works aided by Government funds, and to contracts for equipment and supplies manufactured for the Government. Since 1922 the fair-wage provisions have been set forth in an Order in Council. Amendments were made in 1924 and 1934 and since the war.

The policy is administered by the Minister of Labour who determines disputes as to what constitutes "current rates". If there are no "current rates" or "current hours", then rates deemed "fair and reasonable" apply

and hours "fixed by the custom of the trade". "Current wages" and "hours of labour fixed by the custom of the trade" mean the standard rates of wages and hours either recognized by signed agreements between employers and workmen in the district from which the labour is necessarily drawn, or those actually prevailing, although not incorporated in signed agreements.

Contracts for construction and contracts for the manufacture of supplies call for somewhat different treatment. In both cases sub-contractors are bound by the same conditions as contractors. For construction contracts, the Department of Labour draws up schedules of wages and hours. In the matter of hours on construction jobs, there is now statutory regulation. The Fair Wages and Eight-Hour Day Act, 1930, limited to eight the daily hours on public works or on works subsidized from Dominion funds. The Fair Wages and Hours of Labour Act, 1935, replaced this statute and provided an eight-hour day and 44-hour week except when otherwise provided by the Governor in Council or in case of emergency, when other conditions may be approved by the Minister of Labour.

Contracts for the manufacture of supplies are governed by the general provision concerning wages and hours. In no case, however, may the wages be less than those established by the Order in Council. The 1934 Order, which was the first to fix minimum rates, required at least 30 cents an hour to be paid to men over 18 years of age and 20 cents to women over 18. Workers under 18 were to be paid according to the minimum-wage scale of the province or, in New Brunswick and Prince Edward Island, according to the Nova Scotia minimum wage orders. These minimum rates were raised in 1941 to 35 and 25 cents for men and women, respectively, with a minimum rate of 20 cents for workers under 18.

Administrative provisions were strengthened early in the war. Standard clauses were worked out by the Department of Munitions and Supply for all contracts for construction and for contracts let on behalf of the Canadian, British and Allied Governments for the manufacture of war supplies. Since 1907 contractors for public works have been required to post the schedule of wages and hours, and since 1934, other contractors, the general clauses applying to the manufacture of articles. In 1922, the Government was authorized to withhold from any contractor the payment of moneys until he had complied with conditions as to wages and hours. In 1940, the Deputy Minister of Labour was made responsible for the investigation of claims, for unpaid wages first on construction jobs and the next year the same provision was made with respect to wages on other contracts, and the procedure for settlement was set out in detail. An Order in Council of May 30, 1941, provided penalties for infractions of the Order concerning supplies and these were substantially increased later in the year. A Dominion-Provincial system of inspection was put in effect in 1941.

In New Brunswick and Saskatchewan, the Public Works Acts of 1913 and 1916, respectively, require the payment of "fair wages" on provincial government works. In Manitoba and Ontario, special statutes give effect to a fair wage policy for public works which had been based previously on a resolution of the Legislature. In other provinces, resolutions of the Legislature direct the adoption by the Government of such a policy. Municipalities, too, often observe such a policy.

In Quebec, an Order in Council of 1929, amended three years later, sets out a standard clause for all public works contracts, requires posting of the clause and schedule of wages and the keeping of records. Any amount due for wages may be deducted from that owed the contractor.

The Manitoba Fair Wage Act of 1916, which applies also to private building in cities and towns of over 2,000, is administered by a Board of five members representing equally employers and employed with an officer of the Labour Department as chairman. Annually, a schedule of wages and hours for public works is drawn up, based on collective agreements or in accordance with prevailing conditions.

The Ontario Government Contracts Hours and Wages Act, in addition to requiring the payment of "fair wages" to persons employed on public works or on works subsidized by the Government, imposes an eight-hour day and a forty-four-hour week, except in special cases determined by the Lieutenant-Governor in Council or, in emergencies, with the approval of the Minister. The Public and Other Works Wages Acts empowers the Government, if the contractor fails to pay the proper wages, to pay the claim to the extent of the money in its hands for securing the performance of the contract.

The British Columbia Public Works Wages Act makes similar provision in order to ensure the carrying out of the fair wage policy which was adopted by the Legislature in 1900.

9. MAXIMUM HOURS OF LABOUR

The legal standards concerning hours of labour which were adopted first for mines, factories and shops have been indicated above in the section on Minimum Age for Employment and Working Conditions. The standards applying at the present time to such establishments are shown in tabular form in the appendix to this article.

In five provinces there are special Hours of Work Acts: British Columbia, Alberta, Quebec, Nova Scotia and Ontario. The British Columbia, Alberta and Ontario statutes fix an eight-hour day and 48-hour week for the workers to whom they apply. The Quebec and Nova Scotia Acts empower the administrative authorities to limit hours.

British Columbia enacted in 1921 an eight-hour day Act to apply to "industrial undertakings." The statute was based on the International Labour Convention of 1919 and it stipulated that it was to go into effect on the enactment of similar legislation by the other provinces. The same action was taken in British Columbia in respect to the International Labour Conventions concerning a Minimum Age for Employment in Industrial Undertakings, the Night Work of Women and of Young Persons and the Employment of Women before and after Childbirth. No other provinces enacted similar laws and the British Columbia Acts, with one exception, remained inoperative. The Maternity Protection Act was declared in effect later in the same year.

In 1923, however, the British Columbia Hours of Work Act was passed. As revised in 1934, it sets a maximum of eight hours in a day and 48 in a week for all persons employed in mining, manufacturing and construction and in such other industries as may be added by regulation. At the present time it applies also to shops, barbering, baking, catering, drug stores, road transport, the taxicab industry, the soft drinks industry and to hotel clerks and elevator operators.

The Board of Industrial Relations may grant permanent or temporary exemptions from the limits imposed.

The Alberta Hours of Work Act of 1936 covers any industry, trade or occupation, except farming and domestic service, unless it is exempt by regulation. The Act of 1936 merely incorporated the existing law with respect to factories as it was set out in the Factories Act and Minimum Wage Orders, eight and 48 hours for women and nine and 54 for men. Amended in 1945, the Act now limits the hours of both sexes to eight in a day and 48 in a week. Exemptions may be granted by the Board of Industrial Relations.

Acts to provide for the limiting of hours were passed in Quebec and Nova Scotia in 1933 and 1937, respectively. No action has been taken under the Nova Scotia Act but it provides a weekly rest-day for all workmen employed in mines and factories and in construction.

The Quebec statute was designed to open up more employment opportunities by shortening hours. Under it, the building trades throughout the province were given a maximum 40-hour week but, later, when business improved, this limit was raised to 48 hours. Hours of work in shoe-repair shops and beauty parlours on the Island of Montreal were restricted under this statute to 64 and 55 in a week, respectively.

The present Minimum Wage Acts of Manitoba and Quebec grant the administrative authorities power to fix maximum hours. The British Columbia Female Minimum Wage Act gives similar authority.

It should be remembered in this connection, that hours may be, and are, restricted by statutory regulation applying to employees in certain classes of employment under the Industrial Standards Acts of Alberta, Nova Scotia, Ontario and Saskatchewan and under the Quebec Collective Agreement Act.

MINES

All mining provinces, except Manitoba and Quebec, have limited by law the number of hours that may be spent in underground work. Quebec, however, retains a provision of 1892 limiting the employment underground of boys under 18 to 48 hours in a week.

In 1897 and 1904, British Columbia provided for an eight-hour day for work below ground in metal and coal mines, respectively. In 1918, the same provision was made for workers above ground about both classes of mines.

In Nova Scotia, by agreement, the coal miners had had an eight-hour day for some years before the limitation on underground work was imposed by statute in 1924. Nova Scotia metal miners secured a statutory eight-hour day in 1933 and in the same year underground workers in New Brunswick were given an eight-hour day.

In Alberta, in 1913, the law restricted work below ground in all mines of the province, coal, salt, clay, etc. Above ground, the workers are limited by the Hours of Work Act, 1936, to eight in a day and 48 in a week.

In 1913 Ontario, too, provided for an eight-hour day below ground but the provision was stipulated to apply only in Northern Ontario. In Saskatchewan, a 1932 statute governing coal mines restricted daily hours in or about coal mines to eight unless it was agreed otherwise.

In Manitoba, no action has been taken by the Lieutenant-Governor in Council under the power given him to limit hours of work in mines.

There is some variation between the provinces with respect to the application of the eight-hour period below ground. In some, it applies to the time spent at the working face, in others, it includes the time spent in reaching the place of work from the top of the shaft. In all cases of limitation on hours below ground, provision is made for longer hours for maintenance workers or in cases of emergency.

FACTORIES

Hours of work in factories are limited for all classes of workers in Alberta, British Columbia and Ontario by the Hours of Work Acts. In Manitoba, New Brunswick, Quebec and Saskatchewan, the only statutory restrictions are those imposed on the working hours of women and young persons. In Nova Scotia, through changes in the original Factories Act, which prohibited the employment of women and boys for more than ten hours in a day or 60 in a week, there is now no legal limit on hours of work.

The 10-hour day and 60-hour week for women and young persons established by the first factory legislation in Ontario, Quebec and New Brunswick was first changed in Quebec in 1910 to reduce to 58 the weekly hours of women and boys in cotton and woollen mills. Two years later, this maximum was lowered to 55 hours and in 1930 it was applied to all factories. The 10-hour limit remains in effect.

New Brunswick abandoned the legal 60-hour week in 1943 and limited hours of women and boys under 18 in factories to nine and 54.

The Ontario Hours of Work and Vacations with Pay Act, 1944, fixed eight and 48 hours for all employees in industry and in any business or occupation which may be prescribed by the regulations. The hours sections of the Ontario factory law have not been repealed but the 1944 statute stipulates that, where there is conflict with any statute, any provisions for shorter hours prevail. War industries are exempt from the later Act and would be governed by the 10-hour and 60-hour limits for women and boys of the Factory, Shop and Office Building Act and by its provision for longer hours in special circumstances.

In all three provinces, exceptions can be made for emergencies or special conditions.

In both Ontario and Quebec, the factory law permits the employment of women on two shifts of not more than eight hours each, the two shifts to fall between 6 a.m. and 11 p.m.

In Manitoba, the 54-hour week established for women and boys in factories in 1904 was reduced to 48 hours for one class of factory after another by Orders under the Minimum Wage Act. Nine hours is still the maximum for a day but the 48-hour week applies to all factories.

The Saskatchewan standards with respect to hours of work of women and boys in factories were fixed in 1909 at eight and 45 for women and boys, raised in 1911 to nine and 54, and lowered to 48 hours for a week's work in 1919-20. As in the other provinces, exemption from this limit could be given.

SHOPS

In shops in Alberta, British Columbia and Ontario, the working hours of all employees are limited by statute to eight in a day and 48 in a week with provision for overtime. In Manitoba, a Minimum Wage Order fixes the same standards for women and boys under 17. In Quebec, in 1934, hours for women in shops in towns of

over 10,000 people were limited to 60 in a week. There is no regulation of hours of work in shops in New Brunswick, Nova Scotia, Saskatchewan or Prince Edward Island but municipal by-laws requiring the early closing of shops affects working hours in all provinces.

HOTELS AND RESTAURANTS

In New Brunswick, Nova Scotia, Prince Edward Island and Saskatchewan, hours of work in hotels and restaurants are not restricted by statute or regulation.

The Alberta and British Columbia Hours of Work Acts apply to these work-places. In British Columbia, hotel clerks, elevator operators and all persons employed in public dining-rooms or in the service connected therewith have an eight-hour day and 48-hour week. However, a Minimum Wage Order allows women in hotels and restaurants to work in emergencies up to 10 a day and 52 a week and women in resort hotels up to 54 hours a week.

A Manitoba Minimum Wage Order limits the hours of labour in hotels and restaurants of women and boys under 18 to 48 in a week.

In Ontario, under the 1944 statute, special wartime regulations apply to hotels and restaurants. Restaurant workers who are given meals on the premises must be there for nine hours, if required, of which two one-half-hour periods are for meals. Overtime may be worked within prescribed limits. No woman, however, may be employed more than 10 hours in a day or 48 in a week.

Quebec stipulates that no person may be employed in an hotel or restaurant for more than 12 hours in any 24.

BARBER SHOPS AND BEAUTY PARLOURS

There is no general legal limitation of working hours in these places in Nova Scotia, New Brunswick or Prince Edward Island.

The Alberta Hours of Work Act covers both classes of work-place. In British Columbia, barber shops are within the Hours of Work Act and an Order under the Female Minimum Wage Act limits to nine a day and 54 a week the hours of work of women in beauty shops. In Manitoba, too, such an Order restricts the work of women in beauty parlours to 48 hours in a week but limited overtime is permitted. An Order under the Manitoba Fair Wage Act limits the hours of business in barber shops in Winnipeg and St. Boniface and their environs to ten in a day except on Saturday and the days preceding statutory holidays.

In Ontario, barber shops in many cities and towns have been governed by schedules of wages and hours made binding under the Industrial Standards Act. The 1944 Hours of Work Act may be applied to these places.

In Quebec, on the Island of Montreal, working hours in beauty parlours are restricted to 55 in a week by an Order under the Limitation of Hours of Work Act. Collective agreements legalized under the Collective Agreement Act in certain cities and towns fix hours varying from 55 to 59 in a week.

In Saskatchewan, barbers and hairdressers in several towns have their hours limited by schedules under the Industrial Standards Act.

MISCELLANEOUS

Hours of work in certain other jobs are regulated in some provinces.

Drivers of transport vehicles in New Brunswick, Nova Scotia, Ontario and Prince Edward Island may not be employed more than 10 hours, out of 16 consecutive hours in New Brunswick, and out of 24 in Nova Scotia, Ontario and Prince Edward Island. In New Brunswick only the work of driving is covered; in Nova Scotia, work in any capacity in transporting passengers or freight. The 10-hour limit in Ontario applies to both classes of vehicle but, for passenger-transport, the limit applies only to the hours spent in operating the vehicle. In Quebec, except in an emergency, no employed person may drive a passenger or goods vehicle for more than 12 consecutive hours without taking a rest-period in addition to time for meals, and no bus-driver may drive more than 250 miles in 24 hours.

Office workers have an eight-hour day and a 48-hour week in Alberta, British Columbia and Ontario, unless longer hours are permitted in emergency or by regulation. In Manitoba, a 48-hour week applies to women in offices.

Hours of work in bake shops are regulated in Alberta, British Columbia, Manitoba and Ontario. Under the Industrial Standards Acts of Alberta and Saskatchewan and the Collective Agreement Act of Quebec, limits are imposed on hours in these work-places in some cities and towns.

Municipal fire-departments in cities of a certain size are also regulated with respect to hours in some provinces and in Alberta, British Columbia, Nova Scotia, Ontario and Saskatchewan a two-platoon system is compulsory in cities and, in some cases, in large towns. In Nova Scotia, however, the provision must be applied by municipal by-law.

WEEKLY REST-DAY

Under its power to legislate concerning criminal law, the Parliament of Canada enacted the Lord's Day Act in 1906. This statute which prohibits employment except in work of necessity or mercy does not ensure a day of rest every seven days.

In Alberta and Nova Scotia, the Hours of Work Acts stipulate that workers shall be given a weekly rest-day. The Alberta Act applies to all employed persons, except farm workers and domestic servants, and the Nova Scotia statute, to mining, manufacturing and construction.

Manitoba and Saskatchewan require by statute that a weekly day of rest shall be allowed to certain classes of workpeople in cities. In Manitoba, the law applies, with some exceptions, to manufacturing, laundries, dry-cleaning, etc., printing, construction, trucking and cartage, street railways, hotels and restaurants, and to the work of a municipal corporation or school board. The Saskatchewan statute covers all persons employed in a city, except such persons as watchmen, firemen, workers in hotels and restaurants where there are two or less in a class, part-time workers, nurses and a few others.

Ontario and Quebec have enacted laws for a weekly rest for persons employed in hotels and restaurants. Ontario restricts the law to cities of 10,000 or more. In Quebec, it applies to hotels, except in places of less than 3,000 people, to restaurants, and to clubs which admit persons who are not members. In the Quebec district, the inspector may permit two rest-periods of 18 consecutive hours each instead of one 24-hour period.

In Quebec, too, a Minimum Wage Order, applying to all industries within the scope of the Act, which are

not covered by special orders, provides for a weekly rest of 24 hours. This provision, however, was suspended with respect to war industries on June 1, 1940.

HOLIDAYS WITH PAY

In Ontario and Saskatchewan, statutes of 1944 provide for annual holidays with pay; Ontario, for at least one week and Saskatchewan for two weeks. Both Acts relate to all employed persons except farm workers and domestic servants.

The Alberta Labour Welfare Act, 1943, empowers the administrative board to require an employer to give his workpeople, after one year's employment, one week's holidays, or for longer employment, up to two weeks.

10. EMPLOYMENT OFFICES AND UNEMPLOYMENT INSURANCE

The Parliament of Canada enacted in 1918 the Employment Offices Co-ordination Act and in 1940 the Unemployment Insurance Act. The latter provided for an employment service with regional and local offices for placing workers and performing duties in connection with insurance.

The 1918 statute, which was repealed by proclamation on January 19, 1943, provided for an Employment Service of Canada based on a co-operative scheme between the Dominion and the provinces. Local offices in some 60 cities and towns were set up and operated by the provinces but were linked together through two inter-provincial clearing-houses established by the Dominion in Ottawa and Winnipeg for the exchange of information as to available jobs and available labour. The Dominion made an annual grant to the provinces of not more than \$150,000, the distribution being made according to the provincial expenditure on employment offices.

An Employment and Social Insurance Act of 1935 was declared invalid by the Privy Council. On the amendment of the British North America Act in 1940 to empower the Dominion Parliament to enact laws relating to unemployment insurance, the present Act was passed. A Dominion system of employment offices is considered a necessary part of a satisfactory insurance scheme, partly to facilitate the checking and payment of insurance claims and partly to prevent unnecessary claims by bringing workers and jobs together as promptly as possible.

The Unemployment Insurance Commission, created in September, 1940, to administer the Act under the Minister of Labour, operates Regional Offices in Moncton, Montreal, Toronto, Winnipeg, and Vancouver, District Insurance Offices in North Bay, London, Saskatoon and Edmonton, and local offices in some 200 cities and towns. The provincial government offices were abolished or turned over to the Dominion except in Quebec where the province operates 12 employment offices.

The Unemployment Insurance Act now applies to all industries except agriculture and forestry, fishing, lumbering and logging (except in regions designated by the Commission and except saw-mills, etc., when reasonably continuous in their operation); hunting and trapping, transport by water or air, stevedoring, domestic service, hospital services not carried on for gain unless the employer contributes to the Fund with the approval of the Commission, nursing, teaching, the Defence Forces, police forces, and Dominion, provincial and municipal

public services (except such public utilities as gas, electric, heat, light or power works and transport and communication services). Persons earning over \$2,400 a year are also excluded unless they are hired at an hourly, daily or weekly rate or are paid piece rates or paid on a mileage basis. Casual workers and professional athletes are also outside the Act.

PRIVATE EMPLOYMENT OFFICES

Private employment offices operated for profit have been prohibited by law in many countries. Before the war, legislation in Alberta, British Columbia, Manitoba, Quebec and Saskatchewan prohibited the operation of private fee-charging employment agencies. In some cases, other private employment agencies are expressly permitted, such as those for teachers in Saskatchewan or those run by workers' organizations or charitable institutions in Quebec. In Nova Scotia, fee-charging agencies are prohibited but the Government has power to permit their operation on proclamation to that effect.

In 1943, New Brunswick enacted a statute like that of Nova Scotia. In the same year, Ordinances prohibiting the carrying on of any employment agency for fee or reward of any kind were made effective in the Yukon and Northwest Territories.

11. VOCATIONAL EDUCATION AND APPRENTICESHIP

Education is a subject expressly reserved to the provinces. To promote technical education, however, the Dominion has assisted the provincial Governments by giving financial aid on certain conditions.

In June, 1910, the Government appointed a Royal Commission on Industrial Training and Technical Education. Its report, presented to Parliament three years later, was made after an exhaustive inquiry into the subject, covering other countries as well as Canada. It proposed that three million dollars be provided by Parliament annually for ten years. Seventy-five per cent of the appropriation was to go to the provinces on a per capita basis and 25 per cent to be retained by the Dominion for expenses of administration. In addition, it was urged that at least \$350,000 should be made available to the provinces each year for ten years to encourage hand-work, drawing, domestic service, etc., in elementary schools.

The Technical Education Act of 1919 was based on the principal recommendation of the Commission, but the intervening years had revealed the need for more rapid expansion in the facilities for technical education. The sum of ten million dollars was appropriated for grants to the provinces, the proportion to each province being based on the number in the population, the amount not to exceed one-half of the approved expenditures under the Act.

By 1929, eight of the provinces had not earned their full share of the appropriation and the Act was extended until 1934 and then to March 31, 1939. To Manitoba, the only province which had not used its share in 1939, the unexpended amount was made available until 1944 by an Act of that year and, later, continued until 1949.

In 1931, a Vocational Education Act was passed. It proposed to appropriate \$750,000 a year for 15 years to be paid to the provinces to assist in promoting vocational education in accordance with agreements between

the Dominion and the provinces. No agreements were made and the Act remained inoperative. It was repealed in 1942.

Unemployment among young persons in the thirties led to the setting aside, under the Dominion Unemployment and Agricultural Assistance Act, 1937, of one million dollars for the training of unemployed young people in accordance with plans submitted by the provincial governments. This action was recommended by the Youth Employment Committee of the National Employment Commission. Agreements with all provinces provided for training for industry, forestry, mining, agriculture and domestic service. Technical classes for apprentices and others for "learners" were held during an intensive training period of thirteen weeks. Training in agriculture was also given for periods ranging from two weeks to several months. This work was continued and expanded in 1938.

The Youth Training Act, 1939, made express provision for co-operative schemes between the Dominion and the provinces for the purposes set out in the Act. A Dominion Supervisor of Training was appointed. One and one-half million dollars was made available for three years from March 31, 1940, to assist in training for gainful employment persons between 16 and 30 years of age who were unemployed, unable to pay, or their families unable to pay the full cost of training and who were certified as eligible by some public authority. No province could be granted more than the provincial expenditure for the purpose.

In 1942, the Vocational Training Co-ordination Act was passed. It is administered under the Minister of Labour by a Director of Training. A Vocational Training Advisory Council consists of not more than 17 members including an equal number of representatives of employers and workers. Regional Directors, who are in some cases provincial officers, act for the Director in the several provinces so that the general policy may be adapted to different conditions.

The 1942 Act authorizes co-operation with the provinces in providing any vocational training necessary for the conduct of the war, including training for war industries, tradesmen for the Armed Forces, rehabilitation training for persons discharged from the Forces who have been designated by the Minister of Pensions and National Health for such training, and training for persons whom the Unemployment Insurance Commission, under the Unemployment Insurance Act, has directed to attend a course of training. The cost of all this training is borne by the Dominion, except for certain local expenses.

Continuation of the projects carried on under the 1939 Act is also provided for. By agreement with the provinces, training schemes connected with the development of the natural resources of the province, apprentice training, and vocational education on the secondary school level may be assisted from the Dominion Treasury. In respect to these four types of training, the Dominion contributes to the cost on a fifty-fifty basis.

The conditions for financial assistance to the provinces for the training of apprentices were set out, in more detail, by an Order in Council of January, 1944. Ten-year agreements may be made with the provinces and the latter must enact legislation to regulate apprenticeship. The Dominion will contribute to the cost of pre-

employment training for apprentices over 16 years of age, for full or part-time instruction in practical work and related technical subjects, and for indentured apprentices who are registered under the provisions of a provincial law concerning apprenticeship. For the apprentice-training of persons discharged from the Armed Forces who are approved for such training by the Minister of Veterans' Affairs, the Dominion bears the total cost.

PROVINCIAL APPRENTICESHIP LAWS

Following the passing of the Order in Council above referred to, the provinces of Alberta, Manitoba, New Brunswick, Prince Edward Island, Quebec, and Saskatchewan enacted Apprenticeship Acts. Ontario had had such a statute since 1928, British Columbia since 1936 and Nova Scotia since 1937. The latter Act and that of Prince Edward Island apply only to the building trades.

All provinces except Quebec have now made agreements with the Dominion for the development of apprenticeship. Standard provisions are incorporated in each agreement.

In Ontario, after the first few years, the number of apprentices fell off sharply and training classes were discontinued. In some trades classes were soon resumed and from 1939 on there was more activity. The British Columbia and Nova Scotia statutes had scarcely begun to operate when the war came.

Except in Quebec, the statutes provide for a provincial system of apprenticeship under a director with an advisory board or committee. They apply only to trades designated in the statute or by Order in Council. Most of the statutes permit trade committees to be set up to make, subject to approval by Order in Council, rules concerning apprenticeship in the trade, conditions of work, etc., and to supervise the scheme. General regulations are made by the advisory board.

The Quebec Act of 1945 is along different lines. It contemplates apprenticeship schemes planned and carried out by local apprenticeship commissions which, on the petition of ten or more persons, may be incorporated for any trade by the provincial Government on the recommendation of the Minister of Labour. Any professional syndicate, any group, and any joint committee under the Collective Agreement Act may be a member of an apprenticeship commission. The Minister of Labour and the Provincial Secretary are *ex officio* members of every apprenticeship commission. A commission may contract with an apprentice for his training and no employer may hire an apprentice who has entered into a contract with a commission without the consent of the latter's officers. Agreements may be made with the Dominion Government for the training for employment of members of the Armed Forces.

12. UNIFORMITY OF PROVINCIAL LABOUR LAWS

Since 1873 when the Canadian Labour Union urged that uniform legislative standards in labour conditions should be established by the different provinces, the adoption of such a policy has been advocated from time to time.

In 1919, the Royal Commission on Industrial Relations suggested that a conference of Premiers or other

members of the Governments of the provinces, together with representative labour men and representative employers should be called by the Dominion Government to secure concerted action on the part of provincial legislatures on any legislation proposed by the Commission which was not within the Dominion competence to enact. Recommendations of the Commission dealt with minimum wages, maximum hours, social insurance, the promotion of joint shop committees and industrial councils, freedom of association and collective bargaining.

From September 15-20, 1919, a National Industrial Conference of the Dominion and provincial Governments and representatives of employers and workers met in Ottawa. One of the recommendations of the Conference was that the attention of the Government of Canada and of the Governments of the provinces should be directed to the advantage of uniformity in provincial labour laws and, as a means to this end, the Conference suggested the appointment of a board composed, as respects the Dominion, of a Government representative and an employers' and workers' representative, together with similar representatives appointed by each province.

Instead of a permanent board, a Commission, along the lines laid down by the Conference, was appointed by concurrent action on the part of the federal Government and the Governments of the several provinces. Meeting in Ottawa from April 26 to May 1, 1920, the Commission adopted Resolutions advocating certain higher standards in each province with respect to workmen's compensation, factory legislation and mining laws, and approving the principle of a minimum wage for women and girls and a maximum work-week of 48 hours to be established by each provincial authority. As regards uniformity, the Commission reported as follows:

"A further Committee was appointed to consider the question of the establishment of an organization deemed likely to be of benefit for the promotion of the uniformity of labour legislation. The Committee submitted a document as a basis of discussion and not as its findings, but owing to variance of opinion the whole matter was laid on the table."

In 1940, the Royal Commission on Dominion-Provincial Relations in its report stated—

"We have already referred to the lack of uniformity in labour standards among the provinces, and have pointed out the undesirability of undue centralization of jurisdiction as a means of effecting uniformity. The alternative method is co-operation and agreement among the provinces on labour standards, but heretofore there has been no particular means for facilitating co-operation, and it has, therefore, been lacking. There is also lack of co-operation between the Dominion and the provinces in labour matters generally."

In addition, it was recommended that—

"1. In order to protect the principle of freedom of trade between provinces and to facilitate the handling of relief for employables by the Dominion, the Dominion Parliament should have jurisdiction to establish basic minimum wages and maximum hours of labour, and to fix the age of employment, leaving to any province jurisdiction to raise minimum wages, lower hours of labour, or raise the age of employment if it so desires. But . . . the powers of Parliament should be precisely defined in order to protect the autonomy of the provinces.

"2. In the case of industrial disputes, provinces should be empowered to delegate jurisdiction to the Dominion over any category of industrial disputes now within provincial jurisdiction.

"3. The Dominion should be empowered to implement any labour conventions of the International Labour Organization. It should be understood, however, that we do not here make any recommendations with respect to treaties in general.

"4. Frequent and regular conferences should be held between Dominion and provincial Departments of Labour".

In 1938, following a discussion between representatives of the Dominion Department of Labour and the Departments of Labour of British Columbia, Ontario, Quebec and New Brunswick, an association was organized with the object of improving legislative and administrative standards and securing a greater measure of uniformity.

The Canadian Association of Administrators of Labour Legislation includes in its membership the Dominion Department of Labour and every provincial department, board or commission administering any labour law. All provinces are members of the Association. Each provincial Government pays an annual fee of \$25; the Dominion Department gives the services of a secretary-treasurer and bears the cost of reporting and distributing the proceedings of the annual conference. The last annual conference, the sixth, on May 3-5, 1943, was attended by 23 provincial representatives. No meeting was held in 1944 and that for 1945 has been postponed.

After the second meeting in 1939, the subjects placed on the conference agenda have been determined, to a large extent, by war conditions and progress in raising legislative standards had to be postponed. Nevertheless, some progress has been made. The conference discussions and the greater knowledge of legislation in other provinces and elsewhere which has resulted from the meetings have promoted improvements here and there in administration and a tendency in the central and eastern provinces towards higher legal standards. As between the Dominion and the provinces, a much better understanding of the Dominion's wages stabilization policy has resulted; a co-operative scheme for inspection concerning the payment of wages was worked out; Dominion Government plants were opened to provincial factory inspectors; and the minimum-wage-fixing machinery of the provinces, which had almost ceased to function because of the limitations indirectly imposed by the Wages Control Order, was permitted to function again within certain limits.

The principle of a uniform minimum age for employment was approved by resolution of the Association in 1941 and the Secretary was instructed to prepare a memorandum on the subject. War conditions precluded any action for some time. In February, 1945, a draft Bill to fix a minimum age of 15 years for employment in industrial undertakings as set out in the revised International Labour Convention of 1937 on this subject was circulated among the Provinces as a basis for discussion and it was agreed to place the subject on the agenda of the 1945 Conference of the Association.

Prince Edward Island, however, enacted the Prince Edward Island Minimum Age in Industrial Undertakings (International Labour Convention) Act, 1945,

giving effect to the Convention in all particulars, except that during passage through the House an amendment was inserted to exempt employment during school holidays from the Act.

13. INTERNATIONAL LABOUR ORGANIZATION

Effect has been given by the Parliament of Canada to six Conventions of the International Labour Conference. These all relate to seamen. By amendments to the Canada Shipping Act in 1924, a minimum age of 14 was fixed for employment at sea and an unemployment indemnity was provided in case of loss or foundering of the ship. A medical examination of children and young persons was required before employment at sea and a minimum age of 18 was established for employment as trimmer or stoker. These Conventions were ratified on March 11, 1926. In 1938, a Convention concerning seamen's articles of agreement and a Convention requiring the marking of weights on heavy packages transported by vessels were given effect to by amendments to the Canada Shipping Act and were ratified by the Government on June 13, 1938.

In 1935, three other Conventions were ratified. These were the Conventions limiting to eight a day and 48 a week the hours of work in industrial undertakings, providing for a weekly rest-day in industrial undertakings, and providing for the establishment of minimum wage-fixing machinery. Following their ratification,

Parliament enacted three statutes giving effect to these Conventions. Later, the question of the validity of these statutes was referred to the Supreme Court of Canada. The question was decided by the Judicial Committee of the Privy Council on January 28, 1937. The Judicial Committee held that the federal Parliament had no power to legislate concerning these subjects.

The Convention concerning statistics of wages and hours in the principal mining and manufacturing industries and in agriculture is being carried out partly by the Dominion Department of Labour and partly by the Dominion Bureau of Statistics. A Convention concerning the protection against accidents of workers employed in loading and unloading ships has been put into effect by regulations under the Canada Shipping Act. Canada is now in a position to ratify these two Conventions.

Most of the International Labour Conventions relate to matters which fall within the legislative competence of the provincial legislatures. As regards two of these, upon the enactment by the various provinces and the Territories of uniform laws giving effect to their provisions, the Dominion Government would be in a position to ratify them. These two Conventions would prohibit the operation of private fee-charging and profit-making employment agencies and would forbid the employment of children under 15 years of age in "industrial undertakings"—mining, manufacturing, construction and transport by road, rail or inland waterway.

14. SUMMARY OF PROVINCIAL LABOUR STANDARDS 1.—STATUTORY SCHOOL-LEAVING AGES IN CANADA

In all the provinces there is a compulsory school attendance law, but in all except British Columbia, exemptions are permitted for home duties, employment, or in case of illness, distance from school or lack of accommodation. Provisions as to exemption on the ground of poverty, home duties and need for employment are shown below. The laws place restrictions on employment of children of school age during the hours when they are required to attend school.

P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
15, unless has completed courses taught in nearest public school. Exemption: For poverty, and, except in Charlottetown and towns, attendance is compulsory only for 75% of term.	16, cities and towns, 14, elsewhere; unless 12 and through grade 9. 15 or 16 may be fixed locally. Exemption: (1) Poverty; (2) If 12 for not more than 6 weeks in year (b); (3) 13, with employment and medical certificates and attending night school.	14, unless has passed grade 8. 16, Campbellton. Exemption: Not more than 6 weeks in term (b).	14, unless has completed elementary school. Exemption: Not more than 6 weeks in year (b).	16, unless has matriculation or equivalent. Exemption: Under 14 for not more than 6 weeks in term (b); 14-16 if home or work permit granted. Home permit unnecessary in rural districts.	14, unless has completed public school. 15, may be fixed by district. 14-16, if not employed or occupied in home duties. Exemption: Over 12, not more than 6 weeks in term (a).	15, unless has passed grade 8. Exemption (c).	15, unless has passed grade 8 and no higher one in school district. Exemption: Not more than 6 weeks in term (b).	15, unless has completed course at nearest public school and transport to higher school not provided

- (a) If services needed in husbandry or home duties.
(b) If services needed in husbandry, home duties, maintenance of self or others.
(c) If services needed for maintenance of self or others.

2.—MINIMUM AGE FOR EMPLOYMENT

The table given below shows only the minimum age for certain classes of establishments. In addition the Canada Shipping Act fixes a minimum of 14 for employment at sea. No minimum age has been established for employment in agriculture in Canada.

International Labour conventions have established 14 as the minimum age in agriculture, 15 for employment at sea, in industrial undertakings and, with some exceptions, in non-industrial undertakings.

—	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
MINES		<i>Coal:</i> 16, above; 18 at working face (c). <i>Metal:</i> 16, above; 16, below.	— above 16, below	— above 15, below	16, above 18, below	16, above 18, below	<i>Coal:</i> 16 in workings. <i>Others:</i> 16, above; 18, below.	17, above 17, below	<i>Coal:</i> 16, above; 18, below. <i>Metal:</i> 15, above; 18, below.
FACTORIES	15(f)	14 except in canning season, July-Oct.	14(a) except with permit from Minister.	14(a) (d)	14(e)	15	14, boys 15, girls	15	15, except with permit from inspector
SHOPS				As for factories	As for factories	15	.....	15 in towns of over 5,000	15(b) except with permit from Minister.

(a) The Government may exempt establishments from the Act.

(b) Such shops or stands for the sale of fresh fruits, vegetables, soft drinks, cut flowers and dairy products as are exempt from the "Shops Regulation and Weekly Half-holiday Act".

(c) 17½ under wartime regulations.

(d) 16 unless able to read and write fluently or attending night school.

(e) 16 from 8 a.m. to 5 p.m. except with permit.

(f) Except during school holidays.

3.—WEEKLY MINIMUM RATES FOR EXPERIENCED WORKERS UNDER MINIMUM WAGE ACTS

The table shows the minimum rates for full-time experienced workers. Orders also fix learners' rates. In Alberta and British Columbia there are two Minimum Wage Acts, one applying to men and the other to women workers. In the other provinces the Act applies to both male and female workers but in Nova Scotia where a Male Minimum Wage Act was passed in 1945 the proclamation bringing it into effect has not been issued, and in Ontario the only order applying to men is the textile order. In New Brunswick no orders applying throughout the province are in effect but orders apply to fish, fruit and vegetable canning and to the manufacture and repair of fish-canning equipment in the north-east part of the province. Other orders deal with the dairy products industry in and around Saint John, garage mechanics in Saint John and Fredericton and workers loading on ships lumber and pulp-wood in certain counties.

Establishment	Sex	B.C.	Alta. (e)	Sask. (b) (e)	Man. (e)	Ont.	Que. (f)	N. S.
Factories.....	F	\$ 14	\$ 15	\$ 16.80, cities and a 5-mile radius 14, towns and a 5-mile radius	Cities—30c. hr. or \$14.40 wk. Rural—26c. hr. or \$12.48 wk.	\$12.50, Toronto. 11.50, towns of 50,000 and over. 11, pop. 5,000-50,000 10, elsewhere 12.50 textiles	cents per hr. 26, Zone I 24, Zone II 22, Zone III 20, Zone IV (c)	\$12, towns of 17,000 and over 11, other towns.
	M	40c. hr. (a)	20	As above	35c. hr.	16, textiles	As above	—
Shops.....	F	12.75	As in factories	As in factories	As in factories	12.50, Toronto 12, Ottawa, Hamilton, London, Windsor 11, pop. 10,000-50,000 10, pop. 4,000-10,000 9, pop. 1,000-4,000 8, rest of province	As in factories (c)	As in factories
	M	15	As in factories	As above	As in factories	—	As in factories	—
Offices.....	F	15	As in factories	As in factories	As in factories	As for shops	25, Zone I 22½, Zone II 20, Zone III 15, Zone IV	As in factories
	M	—	As in factories	As above	As in factories	—	As above	—

HOTELS, RESTAURANTS....	F	14	As in factories	As in factories	As in factories	26c. hr. in Toronto 25c. hr. in Ottawa, Hamilton, London, Windsor 22c. 10,000-50,000 pop. 20c. 4,000-10,000 pop.	Waiters, maids, elevator operators, etc., 20, Zone I; 16, Zone II; 13, Zone III; 10, Zone IV. Bellboys, doorkeepers 10, all zones (d).	As in factories
	M	—	As in factories	As in factories	As in factories	—	—	—

(a) Those over 21 in sawmills, woodworking and baking.

(b) Towns of Assiniboia, Biggar, Canora, Estevan, Gravelbourg, Humboldt, Indian Head, Kamsack, Lloydminster, Maple Creek, Melfort, Melville, Moosomin, Nipawin, Rosetown, Rosthern, Shaunavon, Tisdale, Watrous, Wilkie, Wynyard.

(c) At least 60% must receive above rates—Lower rates are fixed for 25% and not more than 15% of workers respectively. Special orders fix rates for some industries.

(d) Hotels with 50-100 rooms, Zone III and IV must pay rates for Zone II when the rooms are rented.

(e) Wherever the effect of these new Orders is to raise an hourly rate above 35 cents or to raise it to exceed any rate higher than 35 cents which was in effect on November 15, 1941, payment of the new rate must be approved by the Regional War Labour Board.

(f) Zone I—Montreal and district, Laprairie, Longueuil, St. Lambert, Laval-des-Rapides; Zone II—Quebec and district and towns over 10,000; Zone III—Terrebonne and towns 2,000—10,000; Zone IV—elsewhere.

4. MAXIMUM HOURS OF WORK IN MINES, FACTORIES AND SHOPS

Below are shown the maximum hours fixed by statute or under statutory authority for employment in mines, factories and shops, but not the restrictions imposed on some classes of factories and shops by orders in council under the Quebec Collective Agreement Act or the

Industrial Standards Acts of Ontario, Saskatchewan and Alberta. Likewise omitted are two provisions relating solely to children: the eight-hour day in Nova Scotia shops for boys under 14 and girls under 16, and the eight hours for work below ground in Quebec mines for boys under 18.

Standards have been relaxed during the war but no statement can be made as to the extent.

—	Nova Scotia	New Brunswick	Quebec	Ontario(e)	Manitoba	Saskatchewan	Alberta	British Columbia
COAL MINES—								
Above.....						8, unless	8, 48	8
Below.....	8	8				agreed otherwise	8	8
METAL MINES—								
Above.....							8, 48	8
Below.....		8		8 in Northern Ontario			8, 48	8
FACTORIES—								
Normal.....		9, 54(a)	10, 55(a)	8, 48	8, 48(d)	48(a)	8, 48	8, 48(c)
Emergencies(c).....	12½, 72½(a)		12, 65		11, 54	12½, 72½		
SHOPS.....			60(b)	8, 48	8, 48(d)		As in factories	As in factories

(a) Females; also boys under 18 in N.B. and Quebec, and boys under 16 in Saskatchewan.

(b) Females and boys under 18 in towns of 10,000 or more.

(c) Establishments may be exempted from Act in N.B., Quebec, Alberta and B.C. Longer hours may be permitted in N.B. by Minister and by Inspector in other provinces except Alberta and B.C. where Board of Industrial Relations exercises this power. Where longer hours are permitted, limits in certain provinces are imposed as shown in table. Such extended hours are restricted to 36 days in a year or in Quebec to six weeks at a time.

(d) Females and boys under 18 in factories and under 17 in shops.

(e) The Ontario Hours of Work and Vacations with Pay Act, 1944, effective July 1, 1944, provides for 8-hour day and 48-hour week and stipulates that these limits prevail over any statutory provision for longer hours but "war industries" may be exempt and permanent and temporary exemptions in other industries may be made by Industry and Labour Board. Under the hours provisions of the Factory, Shop and Office Building Act, which are unrepealed, hours of females and boys under 16 are restricted to 10 and 60 with provision for 12½ and 72½ on not more than 36 days in a year.

WORKMEN'S COMPENSATION

(a) MONTHLY BENEFITS TO DEPENDANTS IN CASE OF DEATH OF WORKMAN

Funeral	Widow or invalid widower	CHILDREN		Where only dependants are other than consort and child	Maximum
		With Parent	Orphans		
NOVA SCOTIA					
\$100	\$40	Under 16, \$10 each ¹	Under 16, \$20 each. Maximum \$80. ¹	As in N.B. Maximum to parent or parents \$30. Maximum in all \$45 ²	$\frac{2}{3}$ of earnings ³
NEW BRUNSWICK					
\$100 ⁴	\$40 plus sum of \$100	Boys under 16, girls under 18, \$10 each ¹	Boys under 16, girls under 18, \$15 each ¹	Sum reasonable and in proportion to pecuniary loss ²	$\frac{2}{3}$ of earnings ³
QUEBEC					
\$175	\$40 plus sum of \$100	Under 18, \$10 each ¹	Under 18, \$15 each ¹	As in N.B.....	$\frac{2}{3}$ of earnings ³ Min. \$50 to consort and one child, \$12.50 per week if more
ONTARIO					
\$125 ⁴	\$45 plus sum of \$100	Under 16, \$10 each ¹	Under 16, \$15 each ¹	As in N.B.....	$\frac{2}{3}$ of earnings ³ Min. to consort \$45 or earnings of workman if less. With one child \$55. \$10 to each additional child up to \$55 or earnings if greater.
MANITOBA					
\$150	\$45 plus sum of \$100	Under 16, eldest \$12, 2nd \$10, 3rd \$9, others \$8 each ¹	As in Ontario.....	As in N.B. Max. \$20 each. Max. in all \$40 ²	As in Que ³ but min. \$12.50 per week if one child; \$15 if more.
SASKATCHEWAN					
\$125	As in Quebec.....	Under 16, \$12 each ¹ ..	Under 16, \$20 each ¹ ..	As in N.B.....	Average earnings but min. \$12.50 per week where dependents are widow or invalid widower and one or more children. ³
ALBERTA					
\$125	\$40 plus sum of \$100..	Under 18, \$12 ¹	Under 18, \$20 ¹	As in N.B. Max. to parent or parents \$35. Max. in all \$70. ²	
BRITISH COLUMBIA					
\$125 ⁴	\$40 plus sum of \$100..	Under 16, \$10 each, ¹ if attending school \$12.50 between 16 and 18 years.	Under 18, \$20 each ¹ , \$17.50 if able to attend school bet- ween 16 and 18 years and not at- tending. Max. in all \$80 ⁵ .	(a) As in N.B. Max. \$40 to parent or parents. Max. in all \$55. (b) If there is widow or invalid wid- ower or orphans, max. to parent or parents \$40 ² .	\$80 ⁵ .

1. In Manitoba, Ontario and Saskatchewan payments to children may be made up to 18 years if desirable to continue education. In Alberta, New Brunswick, Nova Scotia, Ontario, Quebec and Saskatchewan payments to invalid children are continued so long as Board considers workman would have contributed to support. In British Columbia and Manitoba, payments are continued until recovery.

2. In all provinces compensation in these cases is continued only so long as Board considers workman would have contributed to support.

3. For maximum earnings that may be reckoned, see Table 2, Column 5.

4. For cost of transporting body from place of death to place of interment, \$125 may be paid in Ontario and in New Brunswick, and in British Columbia \$100 may be paid for transportation to a point within the province. In Manitoba \$100 may be paid for transportation.

5. Where there is an accumulation in reserve because of lower payments to dependents in foreign countries, this maximum is not to apply.

WORKMEN'S COMPENSATION—Continued

(b) BENEFITS IN CASE OF DISABILITY

Permanent		Temporary		Maximum Earnings Reckoned
Total	Partial	Total	Partial	
NOVA SCOTIA				
$\frac{2}{3}$ of earnings Min. \$12.50 per week or earnings if less.	$\frac{2}{3}$ of difference in earnings before and after accident. If no difference may be lump sum.	$\frac{2}{3}$ of earnings for duration. Min. \$12.50 per week or earnings if less.	$\frac{2}{3}$ of difference in earnings before and after accident for duration. If no difference may be lump sum.	\$2,000 per an.
NEW BRUNSWICK				
Average earnings but not in excess of $\frac{2}{3}$ of \$2,000.	Amount determined by Board. Lump sum may be given.	$\frac{2}{3}$ of earnings for duration. Min. \$8 per week or earnings if less.	If earnings diminished by more than 10%, $\frac{2}{3}$ difference in earnings before and after accident for duration.	\$2,000 per an.
QUEBEC				
$\frac{1}{3}$ of earnings. Min. \$15 per week or earnings if less.	$\frac{2}{3}$ of difference in earnings before and after accident. Min. as in total disability in proportion to disability. If diminished 10% or less lump sum may be given.	$\frac{2}{3}$ of earnings for duration. Min. \$15 per week or earnings if less.	$\frac{2}{3}$ of difference in earnings before and after accident for duration. Min. as in total disability in proportion to disability. If diminished 10% or less lump sum may be given.	\$2,000 per an.
ONTARIO				
As in Nova Scotia . . .	Based on impaired earning capacity estimated from nature and degree of injury. If more equitable, $\frac{2}{3}$ of diminution of earnings. Min. as in total disability in proportion to disability. If diminished 10% or less lump sum may be given.	As in Nova Scotia . . .	Based on impaired earning capacity estimated from nature and degree of injury. If more equitable, $\frac{2}{3}$ of diminution of earnings for duration. Min. as in total disability in proportion to disability. If diminished 10% or less lump sum may be given.	\$2,500 per an.
MANITOBA				
As in Quebec	As in Quebec	As in Nova Scotia . . .	As in Quebec	\$2,000 per an.
SASKATCHEWAN				
75% of earnings. Min. \$15 per wk. or earnings if less.	75% of difference in earnings before and after accident. Min. as in total disability in proportion to disability. If diminished 10% or less lump sum may be given.	75% of earnings for duration. Min. \$15 per wk. or earnings if less.	75% of difference in earnings before and after accident for duration. Min. as in total disability in proportion to disability. If diminished 10% or less lump sum may be given.	\$2,500 per an.

WORKMEN'S COMPENSATION—*Continued*

Permanent		Temporary		Maximum Earnings Reckoned
Total	Partial	Total	Partial	

ALBERTA

As in Nova Scotia...	Based on impaired earning capacity—if diminished 10% or less lump sum may be given.	$\frac{2}{3}$ of earnings for duration.	Based on impaired earning capacity.	\$2,000 per an.
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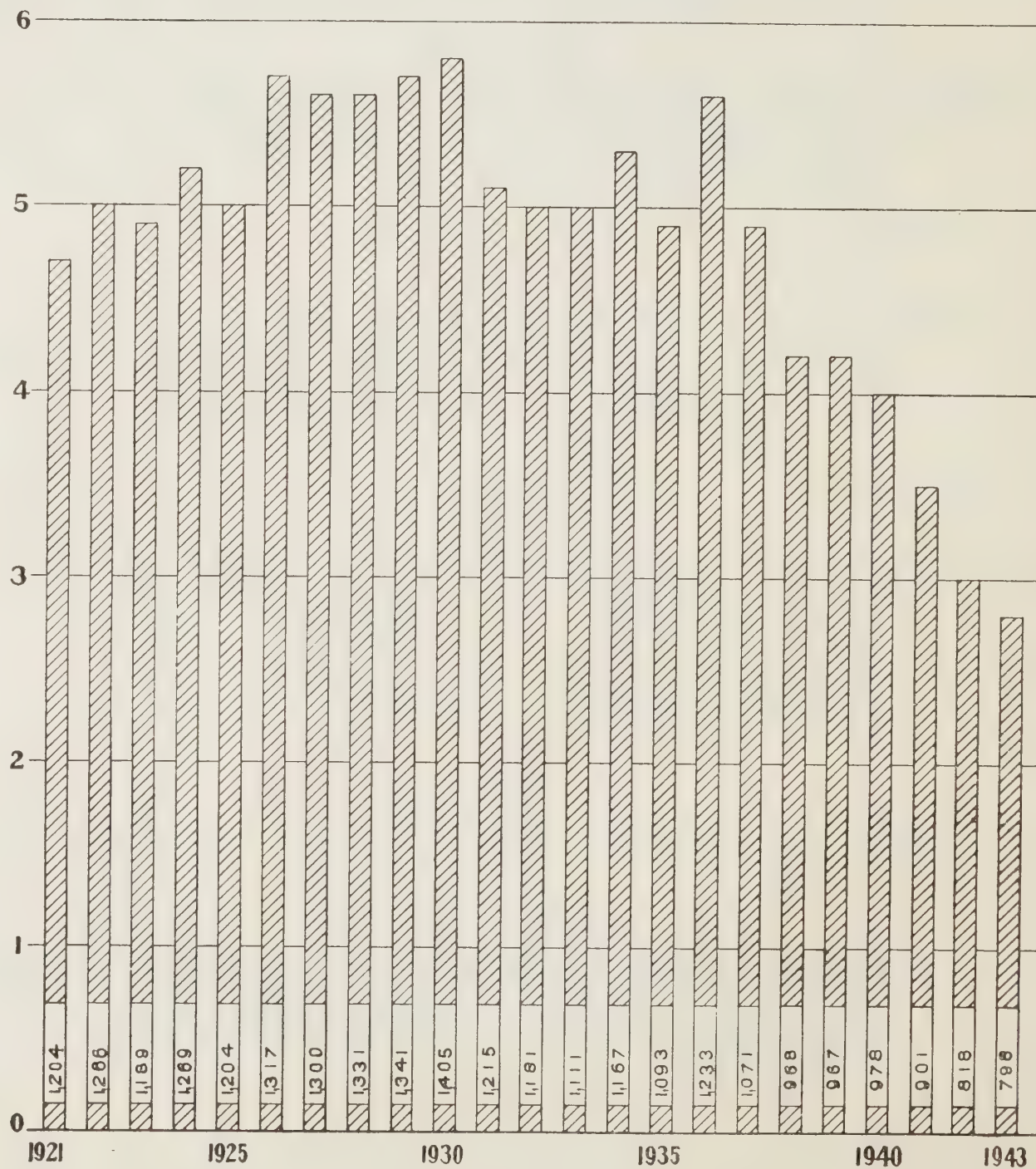
BRITISH COLUMBIA

As in Nova Scotia...	$\frac{2}{3}$ of diminution of earnings or may be based on impaired earning capacity. If earnings not substantially less lump sum may be given.	As in Nova Scotia...	$\frac{2}{3}$ of diminution of earnings or may be based on impairment of earning capacity.	\$2,500 per an.
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MATERNAL MORTALITY IN CANADA

1921-1943

Rates per 1,000 Live Births

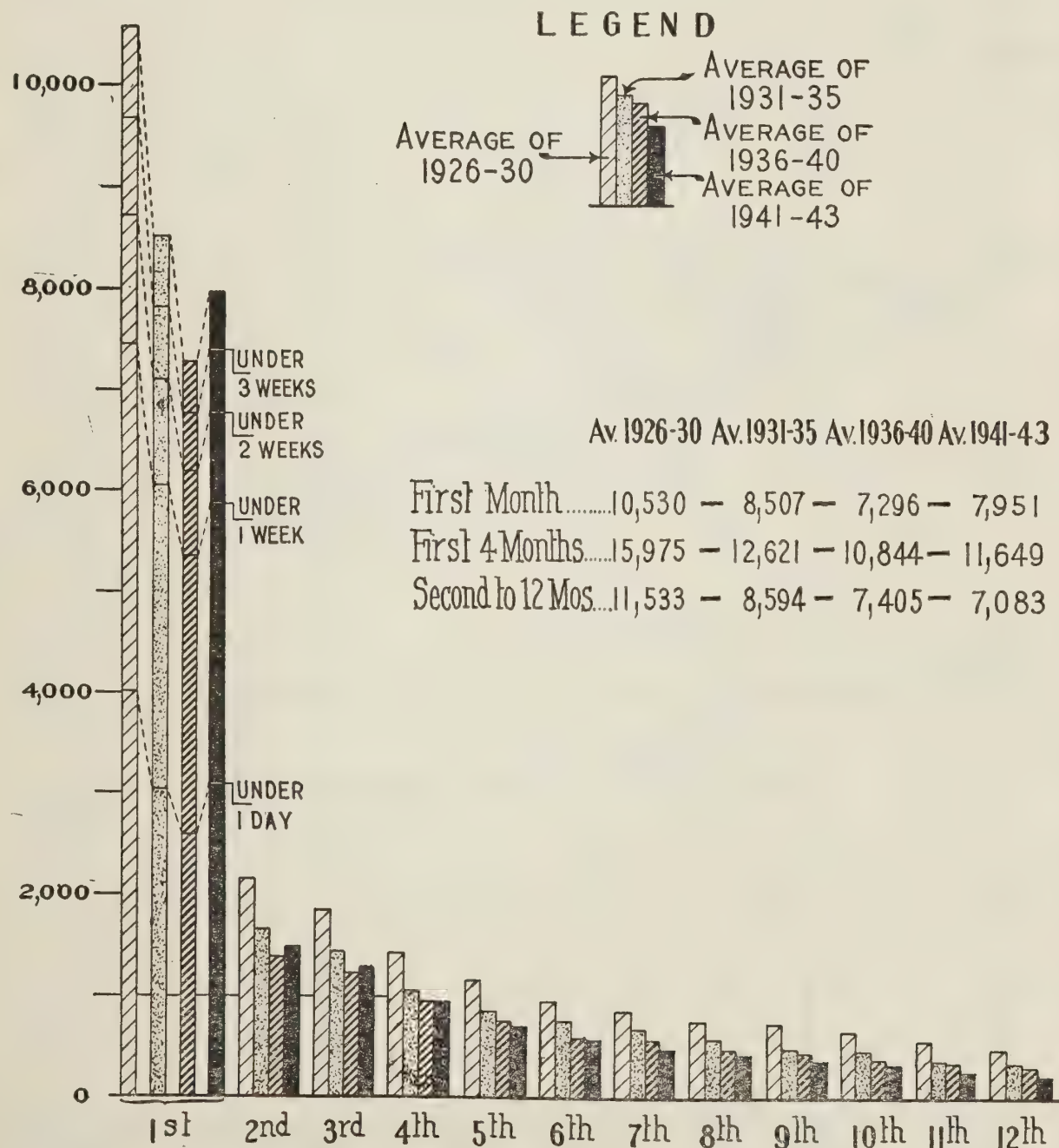


NOTE: Figures shown in the bars of the chart indicate the number of mothers lost in childbirth each year.

INFANT MORTALITY IN CANADA

FIVE-YEAR AVERAGES

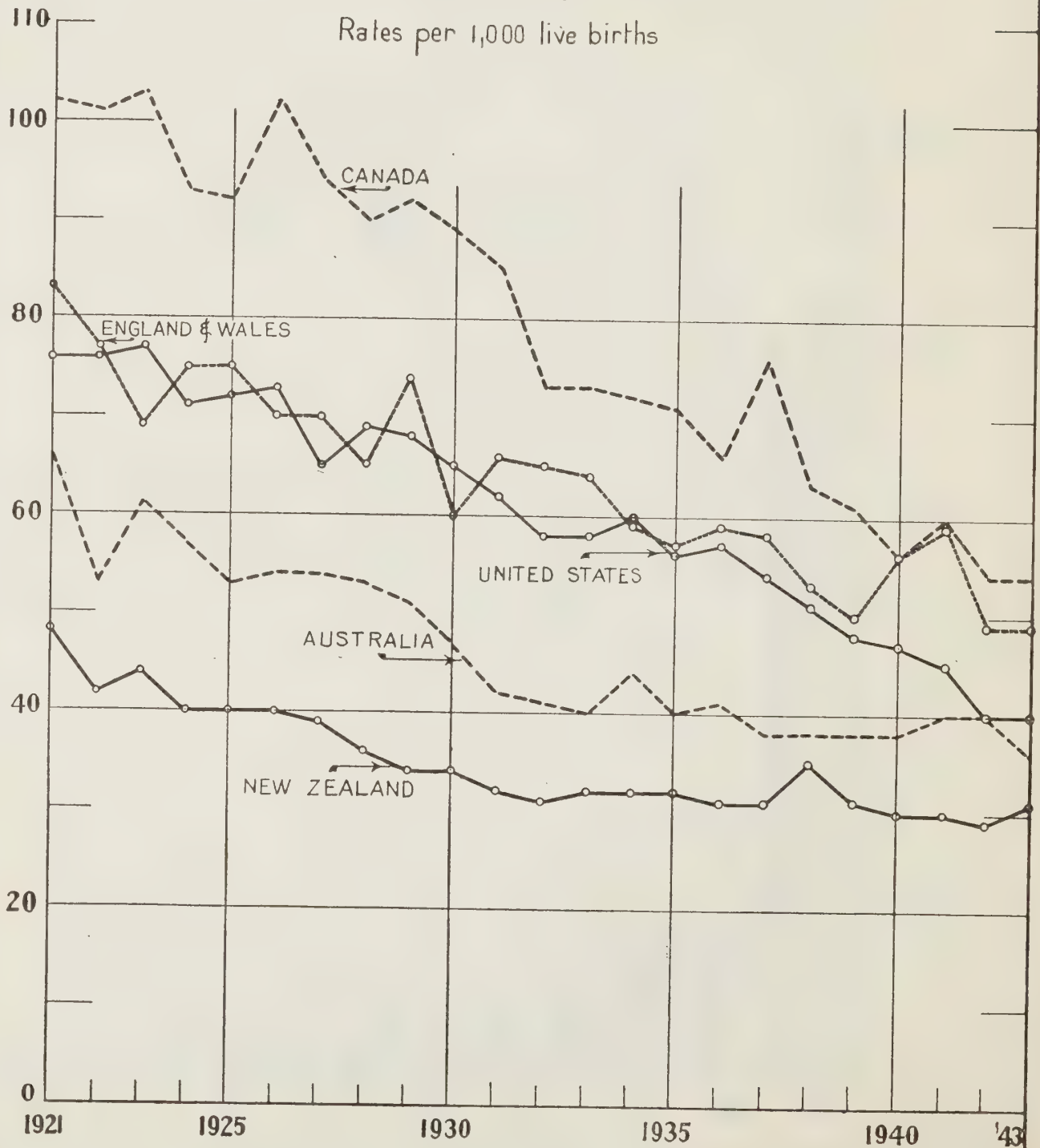
Deaths at each age period



INFANT MORTALITY RATES IN CERTAIN COUNTRIES

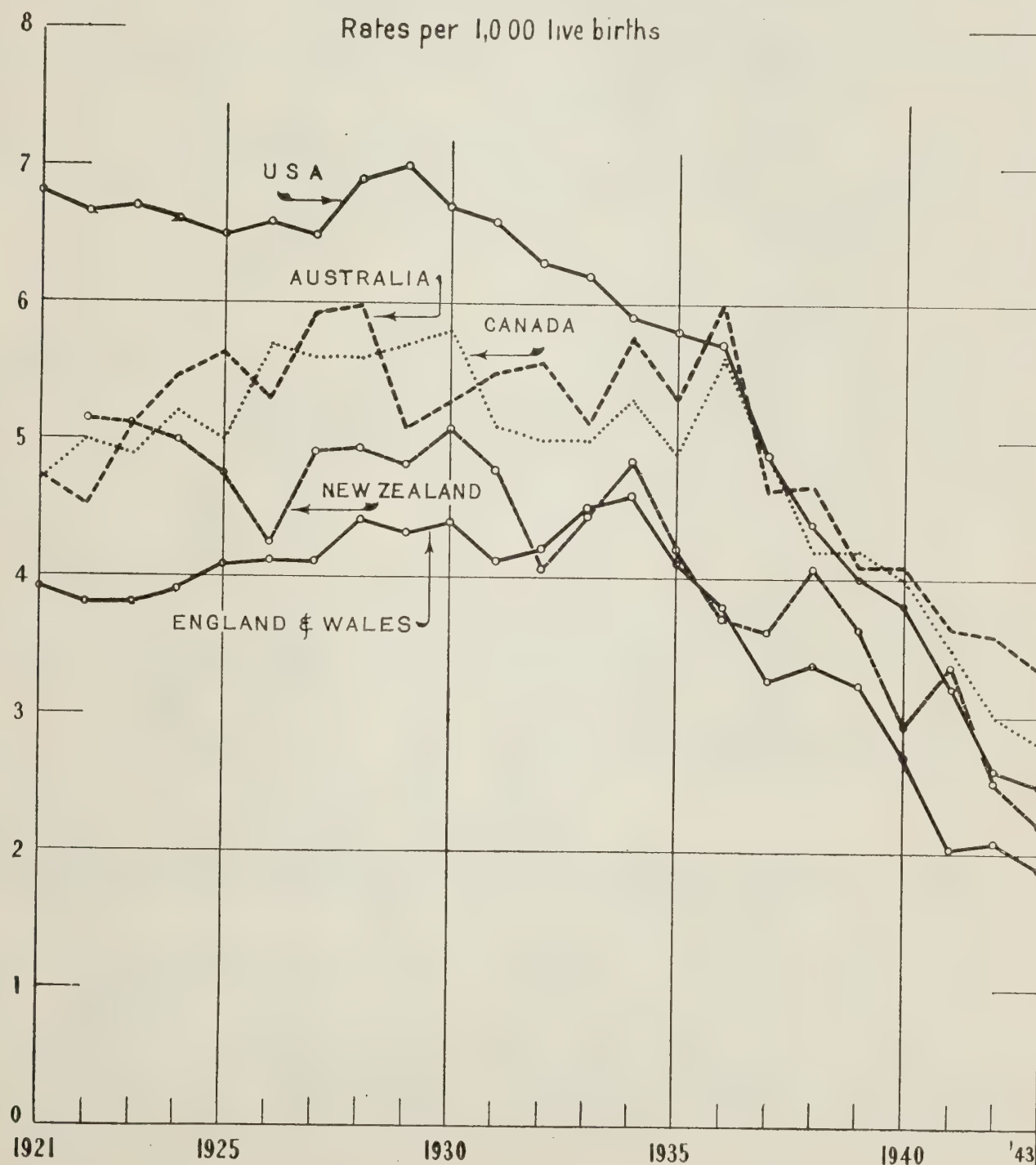
1921-1943

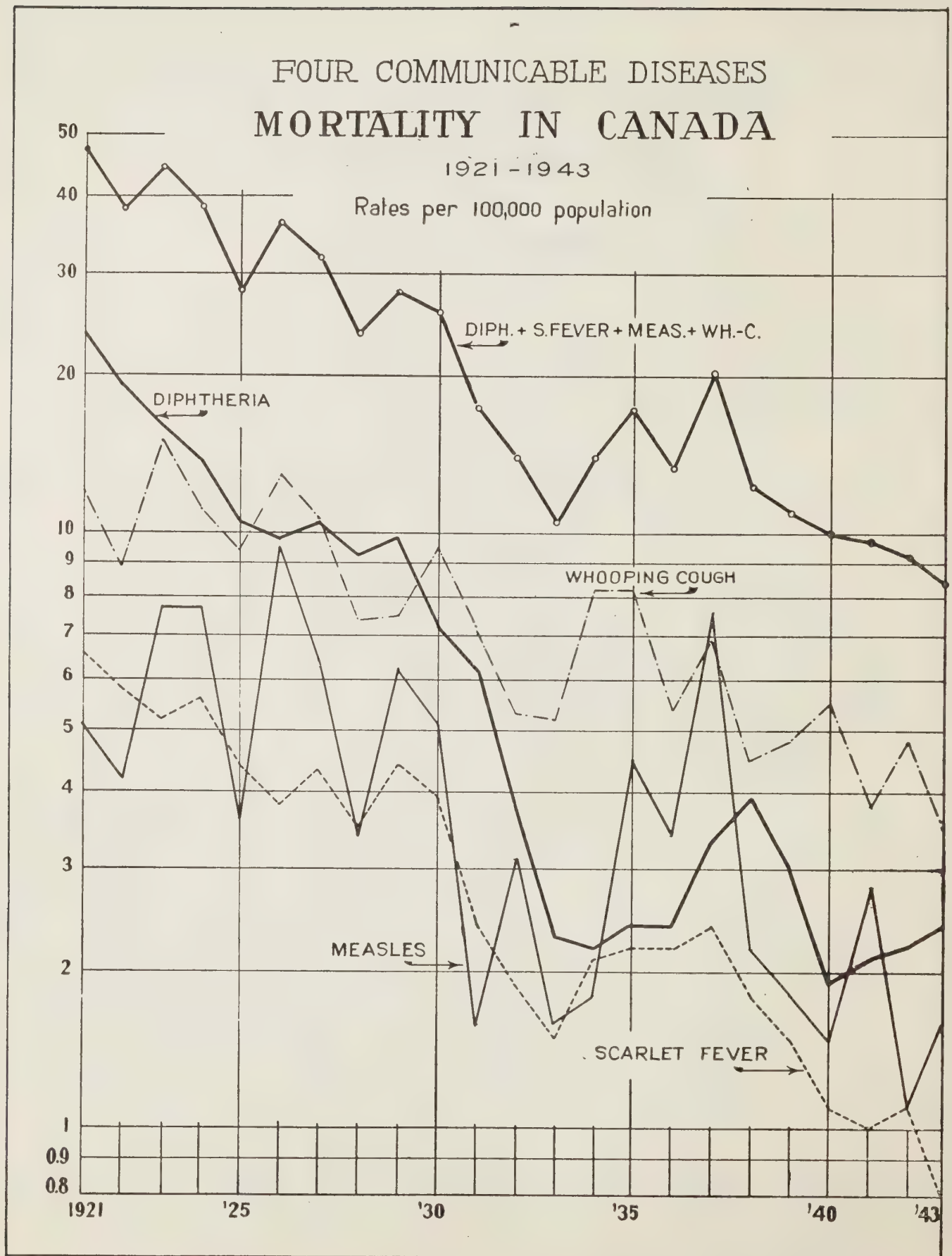
Rates per 1,000 live births



MATERNAL MORTALITY RATES IN CERTAIN COUNTRIES

1921-1943





PART IV

WARTIME CHANGES IN POPULATION AND LABOUR FORCE

1. GENERAL SUMMARY

Table 1 provides a statistical thumbnail sketch of the major changes of the war period in the composition of the labour force and population of the provinces of Canada. In brief compass, the table shows the increase in the population, the migration between provinces, the drain from each province into the Armed Forces, the mobilization of the working population, and its direction into war industry.

The war period has witnessed a reversal of some of the dominant trends in Canadian population movements. Although not shown on this table, for the first time there is evident an absolute shrinkage in the total population of counties which are predominantly "farm". In other words, such counties contributed not only their whole natural increase to the urbanized areas, but gave up part of their pre-war population as well.

The main statistics on population changes refer only to the period since 1941. Since that date the rate of natural increase has been around 120,000 per year for Canada. This has resulted in an annual increase of approximately that amount to the potential working population. During this period there has been a shift between provinces of approximately 50,000 persons per year. Each year the armed forces have absorbed about 150,000 persons. And each year the wage-earning group has been swelled by approximately 125,000 emergency workers, drawn mainly from homemaking and farming and employed largely in war manufacturing.

An analysis of these major changes presents substantial variations between provinces. Ontario, possessing a third of the population of the country, contributes one-fourth of the natural increase. Quebec, with 29 per cent of the population, contributes 38 per cent of the natural increase. British Columbia has approximately 7 per cent of the population, but contributes only 5 per cent of the natural increase.

Ontario and British Columbia, with low rates of natural increase, have been the main recipients of inter-provincial migration. Quebec, with its high rate of natural increase, has contributed slightly to this migration, while Saskatchewan, with a moderately low rate of natural increase, has been the chief contributor of migrants. Four-fifths of the interprovincial drift has been from the Prairie provinces, and over half from Saskatchewan.

The provinces which have received migrants have in general been the heaviest contributors to the armed forces. Computing intake to the armed forces as a percentage of the male population 18 to 45 years of age it will be seen that British Columbia and Ontario have each contributed over 45 per cent of the persons in that age range. In general the Prairie Provinces have contributed a smaller proportion. The ratio for Quebec is approximately half that for the rest of Canada. The Maritimes have contributed at the same rate as have Ontario and British Columbia.

The war period has witnessed an increase of over 40 per cent in the numbers of wage and salary workers in industries other than agriculture. The increase has been relatively uniform among the various provinces. Three provinces, Quebec, Ontario, and British Columbia account for approximately 80 per cent of such employment, although they together have only 70 per cent of the total population. The war has tended only very slightly to accentuate the concentration in these provinces of the wage earning population.

On the other hand, employment in war manufacturing has been notably concentrated in three provinces. Quebec, Ontario, and British Columbia had at January 1944, 89 per cent of such employment. The Prairie provinces and the Maritimes, with 30 per cent of the total population, accounted for only 11 per cent of employment in war manufacturing. Of the total employment of this sort 46 per cent was to be found in the province of Ontario, which had 33 per cent of the total population of Canada. With the exception of the province of Quebec, the expansion of war manufacturing has caused an inflow of population from other parts of the country. In the Maritimes, Prince Edward Island and New Brunswick have contributed population to Nova Scotia. The Prairies have contributed to both British Columbia and Ontario. Quebec has managed, because of a high rate of natural increase, both to provide workers for a heavy program of war manufacturing and also to export workers to neighbouring provinces.

These shifts in the population probably will not be reversed. A greater fraction of the population will, in the postwar period, seek wage earning employment than was the case in 1939. Those who have migrated across provincial boundaries are not likely to return. Probably their numbers will be swelled by ex-servicemen seeking residence in an area other than that from which they enlisted. Such movements are part and parcel of a continuous trend toward urbanization. The war has speeded up a process that has been underway for decades.

2. GEOGRAPHICAL SHIFTS OF POPULATION

The mobilization of workers for the war effort has necessitated substantial shifts in the geographical distribution of the whole population. The non-industrial regions of the country have lost population to the industrialized regions, and within regions there has been a drift from rural to urban types of areas. These movements of population are not solely the effect of the war. The trend toward urbanization, and the drift toward the industrialized sections of the country, are found in almost every country which has shared in the process of industrialization. In that sense the war has speeded up movements all ready in motion rather than innovating new trends. However, in assessing the character and

TABLE 1.—MAIN CHANGES IN CANADA'S POPULATION AND EMPLOYMENT DURING THE WAR

Province	Total Population June 1941 (census)		Natural Increase 1941-1944		Total Population April 1, 1944 (Ration Book Count)		Net Migration 1941-1944		Intake Armed Forces To Sept. 30, 1944 (a)			Total Wage and Salary Workers October 1, 1939 (b)		Total Wage and Salary Workers April 1, 1945 (b)		Total Workers on War Mfg. January 8, 1944 (c)	
	Number	%	Number	%	Number	%	Number	%	Number	%	% Intake to Male Popula- tion Ages 18 to 45	Number	%	Number	%	Number	%
P.E.I.....	95,047	0.83	3,293	0.74	90,991	0.76	-7,349	0.94	8,956	0.94	47.1	5,200	0.33	5,900	0.30	487	0.07
N.S.....	577,962	5.03	24,329	5.47	610,489	5.12	+8,198	5.95	56,877	5.95	46.2	69,700	4.48	112,100	5.10	30,402	4.12
N.B.....	457,401	3.98	21,647	4.87	460,339	3.86	-18,709	4.47	42,656	4.47	45.4	44,300	2.85	76,000	3.46	10,960	1.49
Quebec.....	3,331,882	29.00	171,197	38.48	3,491,747	29.28	-11,332	17.11	163,430	17.11	23.4	481,400	30.92	672,500	30.60	240,060	32.64
Ontario.....	3,787,655	32.96	108,490	24.39	3,954,490	33.15	+58,345	39.30	375,426	39.30	45.2	607,900	39.04	879,100	40.00	340,115	46.26
Manitoba.....	729,744	6.35	25,776	5.79	730,078	6.12	-25,442	7.52	71,844	7.52	45.2	83,400	5.36	104,000	4.73	20,998	2.84
Saskatchewan..	895,992	7.80	33,744	7.59	844,065	7.08	-85,671	8.05	76,921	8.05	40.3	54,200	3.48	62,900	2.86	6,399	0.87
Alberta.....	796,169	6.93	34,157	7.68	815,703	6.84	-14,623	7.75	73,995	7.75	41.6	68,400	4.39	85,400	3.89	12,455	1.69
B.C.....	817,861	7.12	22,200	4.99	929,488	7.79	+89,427	8.91	85,164	8.91	47.1	142,500	9.15	199,900	9.09	73,653	10.02
CANADA.....	11,489,713	100.00	444,833	100.00	11,927,390	100.00	-7,156	100.00	955,269	100.00	38.6	1,557,000	100.00	2,197,800	100.00	735,529	100.00

(a) W.R.C.N.S., C.W.A.C. and R.C.A.F. (W.D.) not included.

(b) Excludes employees in Agriculture, Fishing, Trapping and Service Industries.

(c) Obtained from the Departments of Labour's DLRIA Manpower Survey.

intensity of the problems of the postwar period it is necessary to discover whether such movements will be accelerated or retarded, continued or reversed.

Until recently no machinery has existed to trace such movements. Censuses have given static pictures of the population rather than studying movements of population. Westward movement has been pretty well taken for granted, and the reversal of that trend has taken students of population by surprise. The census definitions of "rural" and "urban", on which one must depend when studying the trend to urbanization, are so imprecise that they are not very useful for following the course of movement. Moreover the fact that censuses are spaced ten years apart means that for sudden movements the important changes are averaged out.

Recently it has been possible to get data on the movement of population by comparing the registrations for ration books made on successive dates. These data can be compared with those of the 1941 census. In order to avoid one of the difficulties mentioned above

was a general sorting and sifting of the total population, and that farm people moved to rural non-farm and other urban counties, while residents of those areas were displaced to metropolitan areas. The exact pattern of movement cannot be determined from the table, which shows only the "net" movement. However, even when we ignore the movement of people between similar types of areas, it is apparent that in a period of less than 3 years over 300,000 rural dwellers have been uprooted and funnelled into urban areas. The result has been very rapid growth for metropolitan areas.

Table 2 suggests four other types of questions. The first concerns the distribution of this movement. How have the various regions and provinces shared in these shifts? The second concerns the drain to the armed services. How heavy has it been as far as the various types of counties are concerned, and what will be the probable pattern of distribution of the returning men? Third, how does this wartime movement of population compare with population shifts of the prewar decade?

TABLE 2.—POPULATION OF METROPOLITAN, OTHER URBAN, RURAL NON-FARM, AND RURAL FARM GROUPS AS ARRIVED AT BY CLASSIFICATION OF WHOLE COUNTIES, AND NATURAL INCREASE, AND NET IN-MIGRATION, 1941-1944.

	Canada	Metropolitan	Other Urban	Rural Non-farm	Farm
Population 1941.....	11,489,713	3,621,051	3,563,923	625,837	3,678,902
Population 1944.....	11,927,390	3,965,915	3,785,481	623,483	3,552,511
Natural 1941-44.....	444,833	108,106	155,289	22,262	159,176
Increase:					
Estimated Net in-migration 1941-44.....	-7,156	236,758	66,269	-24,616	-285,567

the counties of the country have been divided into four classes: Metropolitan (these are the counties in which Quebec, Montreal, Toronto, Windsor, Hamilton, Winnipeg, Vancouver and Ottawa are located), other urban, rural farm, and rural non-farm counties. Classifying the counties in this fashion permits us to use the kinds of figures gotten from ration card registrations, to make adjustments for the drain of men into the armed forces, and to estimate the amount of natural increase to be expected in a given areal unit.

Table 2 shows the total change for the country which has taken place between 1941 and 1944 as far as displacement of population between the various types of counties is concerned.

During this three year period the metropolitan counties gained approximately 345,000 population, of which about 70 per cent was by in-migration. The same trend is observable for the other urban counties, though much less pronounced. In the same period the farm counties lost approximately 286,000 persons, of whom only 159,000 were replaced by natural increase. The rural non-farm counties show a similar but smaller loss for the period. This is the first time in the history of the country that the farm counties have shown an absolute decrease in population. The above table should not be read to mean that 286,000 farm residents left the farm counties and took up residence mainly in metropolitan counties. It is more than likely that there

Fourth, to what extent has natural increase balanced or accentuated population movements?

The third problem covers a subsidiary question, namely, when did wartime conditions begin to influence the pattern of population distribution? Unfortunately our method of taking censuses does not allow a definitive answer to this question. By the time the 1941 census was undertaken many of the changes were well under way, and there were no means available for uncovering the changes of the first two years of the war. An attempt was made to introduce a question on the 1941 census to chart such movements, but serious difficulties arose in tabulating and interpreting the results of it. With one exception we are therefore limited to tracing movements which occurred in the thirty-four month period from June 2, 1941, the census date, to April 1, 1944, the date of the fourth ration book distribution. While the speed of change in this period was probably greater than that for the whole war period, the volume of change was correspondingly less.

THE SHIFT BETWEEN PROVINCES

Table 3 provides the data on which answers to the preceding four questions can be based. It is at once apparent that there have been substantial geographical movements of population. For the country as a whole there was little migration; approximately 7,000 persons emigrated during the period 1941-44. Between

TABLE 3—SHIFTS IN CANADA'S POPULATION BETWEEN PROVINCES AND AREAS 1931-1944

Province	Area	Population 1931 ¹	Natural Increase 1931-1941	Migration 1931-1941	In Military Service ² 1941	Population 1941 ²	Natural Increase 1941-1944	Migration 1941-1944	Estimated Increase in Armed Forces 1941-1944 ³	Population April 1, 1944 ⁴
Prince Edward Island.....	Metropolitan counties.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Other urban counties.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Rural non-farm counties.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Farm counties.....	88,038	9,731	- 2,722	4,398	95,047	3,293	- 7,349	1,994	90,991
	TOTAL.....	88,038	9,731	- 2,722	4,398	95,047	3,293	- 7,349	1,994	90,991
Nova Scotia.....	Metropolitan counties.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Other urban counties.....	314,080	38,798	+ 13,285	17,030	366,163	17,773	+ 23,250	19,736	407,186
	Rural non-farm counties.....	99,665	8,881	- 4,539	2,197	104,007	3,166	- 7,777	2,974	99,436
	Farm counties.....	99,101	9,483	- 792	4,423	107,792	3,390	- 7,315	2,649	103,867
	TOTAL.....	512,846	57,162	+ 7,954	23,650	577,962	24,329	+ 8,198	25,359	610,489
New Brunswick.....	Metropolitan counties.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Other urban counties.....	181,432	21,553	- 150	9,138	202,835	9,673	+ 4,290	10,968	216,798
	Rural non-farm counties.....	81,358	10,361	- 1,014	3,347	90,705	3,584	- 8,229	2,591	86,060
	Farm counties.....	145,429	27,022	- 8,590	4,767	163,861	8,390	- 14,770	3,916	157,481
	TOTAL.....	408,219	58,936	- 9,754	17,252	457,401	21,647	- 18,709	17,475	460,339
Quebec.....	Metropolitan counties.....	1,190,933	123,812	+ 26,568	30,573	1,341,313	50,189	+ 57,808	37,339	1,449,310
	Other urban counties.....	676,382	124,155	+ 18,616	9,588	819,153	53,121	+ 15,991	18,401	888,265
	Rural non-farm counties.....	22,161	6,109	+ 1,149	88	29,419	1,614	- 615	479	30,418
	Farm counties.....	985,186	196,499	- 39,688	8,738	1,141,997	66,273	- 84,516	14,164	1,123,754
	TOTAL.....	2,874,662	450,575	+ 6,645	48,987	3,331,882	171,197	- 11,332	70,383	3,491,747
Ontario.....	Metropolitan counties.....	1,376,794	97,040	+ 61,186	55,491	1,535,020	39,039	+ 98,152	95,224	1,672,211
	Other urban counties.....	1,358,451	126,169	+ 37,367	42,926	1,521,987	50,531	- 1,421	78,045	1,571,097
	Rural non-farm counties.....	68,959	13,465	+ 8,888	2,481	91,312	3,759	- 11,347	3,656	83,724
	Farm counties.....	627,479	41,670	- 29,813	16,806	639,336	15,161	- 27,039	22,677	627,458
	TOTAL.....	3,431,683	278,344	+ 77,628	117,704	3,787,655	108,490	+ 58,345	199,602	3,954,490

Manitoba.....	284,285	19,230	- 8,173	14,050	295,342	8,141	+ 13,738	21,575	317,221
Metropolitan counties.....	36,912	2,655	- 2,898	1,325	36,669	1,016	- 564	1,920	37,121
Other urban counties.....	75,626	9,687	+ 183	2,617	85,496	3,612	- 7,565	3,393	81,543
Rural non-farm counties.....	303,316	46,104	- 37,183	6,761	312,237	13,007	- 31,051	10,526	294,193
Farm counties.....									
TOTAL.....	700,139	77,676	- 48,071	24,753	729,744	25,776	- 25,442	37,414	730,078
Saskatchewan.....									
Metropolitan counties.....	197,882	19,875	- 28,929	8,423	188,828	5,978	- 6,314	12,565	188,492
Other urban counties.....	6,456	1,896	+ 2,687	61	11,039	453	- 1,957	526	9,535
Rural non-farm counties.....	717,447	110,140	- 131,462	15,549	606,125	27,313	- 77,400	31,178	646,038
Farm counties.....									
TOTAL.....	921,785	131,911	- 157,704	24,033	895,992	33,744	- 85,671	44,269	844,065
Alberta.....									
Metropolitan counties.....	324,642	37,793	- 7,689	14,397	354,746	14,019	+ 24,666	20,966	393,431
Other urban counties.....	6,537	1,756	+ 1,419	77	9,712	875	+ 2,330	424	12,917
Rural non-farm counties.....	400,426	67,456	- 36,171	9,727	431,711	19,263	- 41,619	19,105	409,355
Farm counties.....									
TOTAL.....	731,605	107,005	- 42,441	24,211	796,169	34,157	- 14,623	40,495	815,703
British Columbia.....									
Metropolitan counties.....	379,858	16,228	+ 53,290	14,790	449,376	10,737	+ 67,060	26,673	527,173
Other urban counties.....	61,989	7,567	+ 3,986	1,920	73,542	3,178	+ 6,371	3,353	83,091
Rural non-farm counties.....	174,855	9,471	+ 19,821	9,489	204,147	5,199	+ 10,504	8,795	219,850
Farm counties.....	77,561	8,138	+ 5,097	3,090	90,796	3,086	+ 5,492	2,905	99,374
TOTAL.....	694,263	41,404	+ 82,194	29,289	817,861	22,200	+ 89,427	41,726	929,488
CANADA.....									
Metropolitan counties.....	3,231,870	256,310	+ 132,871	114,904	3,621,051	108,106	+ 236,758	180,811	3,965,915
Other urban counties.....	3,151,770	378,565	+ 33,588	104,747	3,563,923	155,289	+ 66,269	165,954	3,785,481
Rural non-farm counties.....	535,617	61,626	+ 28,594	21,195	625,837	22,262	- 24,616	22,838	623,483
Farm counties.....	3,443,983	516,243	- 281,324	73,431	3,678,902	159,176	- 285,567	109,114	3,552,511
TOTAL.....	10,363,240	1,212,744	- 86,271	314,277	11,489,713	444,833	- 7,156	478,717	11,927,390

¹ 1931 census data.² 1941 census data.³ Estimate prepared by Dominion Bureau of Statistics.⁴ Estimated by Dominion Bureau of Statistics from count of ration cards issued April 1944.

provinces there were substantial movements. British Columbia gained heavily, almost 90,000 for the period. The Prairie region lost over 125,000, with Saskatchewan registering by far the greatest part of this. Ontario received more than 58,000. In spite of the marked industrialization in Quebec, that province lost over 11,000. In general the Maritimes lost, though this was tempered by an influx into certain cities, particularly Halifax.

THE MOVEMENT TOWARDS CITIES

The trend toward urbanization is clearly exhibited. The chief shift is toward the large cities, the metropolitan centres. With the exception of British Columbia in every province the farm counties have lost substantially. The rural non-farm counties, excepting those in British Columbia and Alberta, show the same trend. The metropolitan counties have gained almost four times as much as have the other urban counties in this three-

THE PERSPECTIVE OF POPULATION SHIFTS

From Table 3 one can also observe something of the background of the wartime shifts in population. During the thirties the country as a whole was losing population by out-migration—over 86,000 moved out during the decade. The movement toward the metropolitan counties was quite marked; they gained approximately 133,000 during the period. Meanwhile the farm counties had given up a total of more than 281,000. Geographically the shifts have been consistent for the last thirteen years with the exception of Quebec. Quebec had an in-migration totalling 6,645 for the decade 1931-1941, in contrast with its loss of over 11,000 in the 1941-44 period. The Maritimes displayed an out movement, tempered by the same tendency for the Halifax area to expand that it has shown in the war period. The Prairie Provinces gave up almost a quarter of a million during the decade, with Saskatchewan consist-

TABLE 4.—POPULATION WITH LESS THAN TWO YEARS OF RESIDENCE IN 1941 IN ANY PROVINCE BY TYPE OF FORMER AREA OF RESIDENCE, URBAN AND RURAL, CANADA

	Type of Former Area of Residence				Not Stated
	All Areas	Urban	Farm	Rural non-farm	
CANADA.....	169,151	115,920	39,538	12,096	1,697
Urban.....	117,292	90,818	17,868	7,447	1,159
Rural.....	51,859	25,670	21,670	4,649	438

year period. Some of this growth is based on war manufacturing, and may terminate suddenly; much of it represents a steady trend in the population pattern of the country, and will very probably continue.

THE ARMED SERVICES

In the above discussion it is assumed that those in the Armed Services have not moved their places of residence. If, on demobilization, they return to their pre-enlistment homes the assumption is justified. At present no one knows precisely to what extent they will return to their home areas, or to what extent their war experiences have uprooted them and steered them toward the large cities. The urban areas have contributed the largest part of the armed forces. The ratios are approximately five per hundred population for farm areas, and $7\frac{1}{2}$ per hundred for other types of areas. When it is considered that the migration from farm areas is largely of younger people, and that farm counties have many more of the very young and very old, the difference in ratios is not very great. Whatever part of the 182,000 farm residents who have entered the services chooses non-farm postwar residence, it will swell the movement toward cities discussed above. From surveys made to date it is quite clear that the postwar movements of residence for servicemen will be practically identical with the wartime shifts of civilian population, as far as direction is concerned.

ently the heavy loser. On balance it would seem that the wartime shifts of population are part and parcel of fundamental shifts in the concentration of the Canadian population. There are weighty reasons for believing that they will not be reversed in the postwar period.

SHIFTS FROM 1939-1941

Table 3 indicates which provinces have lost population and which have gained. But it does not show which gained from which. There is no method open at present for securing such information. It should be emphasized in passing that the above analysis ignores two other types of movement. The movement measured is "net" and does not take into account interchanges between different types of areas. Neither does it consider interchanges between similar types of areas.

Some measure of these other types of movement can be gathered from Table 4. This tabulates the data gathered from a question on the 1941 census which concerned those persons who had changed their province of residence between 1939 and 1941. Hence the data refer only to those persons who crossed provincial boundary lines in that two-year period. The total is impressive; if the same rate of movement continued over a ten-year period it would mean a movement of 850,000 persons per decade. The above migrants show a consistent tendency to move into areas similar to those they have left. Almost 80 per cent of those moving into urban areas have come from similar areas. From this it would seem that the trend to urbanization is a relatively local

matter. When Canadians move long distances they tend to seek the same type of economic area that they left. While it has been long known that the city attracts females to a greater extent than it attracts males, it is somewhat surprising to find that of those moving between provinces into rural areas the males outnumber the females by more than 20 per cent. Thus the movement of females from rural areas is supplemented by a movement of males in the opposite direction. Unfortunately the census data do not indicate the volume of movement *within* provinces during this two-year period. Studies of such movement would fill a large gap in our knowledge of the mobility of the Canadian population. In a period when job opportunities are very limited in specific areas it is important to know the extent to which the local population can be induced to change their places of residence.

NATURAL INCREASE

To a large extent the movements of population discussed above have been hidden by the high rates of natural increase obtaining in the affected areas. The loss (see table 3) of 281,000 in all farm counties from 1931-1941 was more than offset by natural increase of over half a million in the same counties. During the decade Saskatchewan was the only province where out-migration exceeded natural increase in farm counties. For the period from 1941-1944 British Columbia is the only province where migration from farm counties does not exceed the natural increase. From the data it appears that rates of natural increase for farm counties have remained fairly stable during the war period. On the other hand the rates for the urban areas have risen substantially. The war births seem concentrated in urban areas.

On balance the highly industrialized regions of the country have low rates of natural increase. Similarly urban areas and low rates of natural increase are closely related. Much of the migration of the decade from 1931-41 seems to be due to the pressure of high rates of natural increase. Population has flowed from these areas to those of low rates. In the recent past migration seems to be more a result of the higher economic opportunities offered in urban areas. It seems to be due to "pull" factors rather than "push" factors. The migration has persisted to the point where it constitutes a real drain. If urban areas continue to experience moderate prosperity in the postwar period this shift of population is likely to continue. The industrialized centre of the country will likely continue to attract and absorb population from the distant regions; the total population will shift progressively toward urban types of areas.

3. THE DISTRIBUTION OF MANPOWER

The purpose of this section is to sketch the outstanding changes in the distribution of Canada's manpower which enabled us to build up armed forces to nearly 800,000 men and women, transfer over another million workers to war industry, substantially increase our agricultural production, while at the same time maintaining the production of essential civilian products. If the reader will consult Table 5 on the next page, he will find estimates of manpower distribution in Canada from 1939 to 1945.

In this table Canada's population 14 years of age and over is divided into five main divisions as follows:

Total in Armed Forces or Gainfully Occupied
Farm women, 14-64 years of age
Students
Unemployed

All Others—includes homemakers not on farms

The Gainfully Occupied are divided as follows:

1. Non-agricultural industry—Total
 - (a) Wage and salary workers in war industry ¹
 - (b) Wage and salary workers in civilian industry
 - (c) Employers, own accounts and no pays

2. Agriculture—males only

In addition, the table gives information concerning the sex distribution of workers in the various categories.

On April 1, 1939, Canada's total population, 14 years of age and over, was 8,272,000, of whom some 3,585,000 (43.3 per cent) were in the armed forces or gainfully occupied. The balance amounting to 56.7 per cent were composed of farm women, students, unemployed, etc. There were only 8,000 persons in the armed services at that time, all being members of the permanent force.

By April 1, 1940, almost seven months after Canada's entry into the war, marked changes in the manpower distribution were apparent. The number of persons in the armed forces had increased to 93,000, and the number of workers in war industry stood at 179,000. This upswing in war activity was effected by the transfer of persons from the other categories of the population in Table 1, for all without exception showed a decline in numbers.

Further important changes had developed by the spring of 1941. Personnel in the armed services rose to 260,000 and workers in war industry to 448,000. Civilian industry also showed an increase of 120,000 workers over the April, 1940 level. These substantial gains in the above three classes were made possible by the transfer of workers from the farm, from the self-employed, the homemaker group, etc. Male farm workers alone declined by approximately 124,000, students by 36,000, and the homemakers and the unemployed by 271,000.

By the spring of 1942 almost 4,500,000, or 52.2 per cent of the total population 14 years of age and over, were either in the armed forces or gainfully occupied. By then the number in the armed forces had risen to 453,000 or to 5.3 per cent of the population 14 years of age and over, and the number of war workers had increased to 850,000 or 9.9 per cent of the adult population. The extensive growth of Canada's war industry as well as of her armed forces was accompanied by a reduction of employment in civilian industry, where a decrease of over 100,000 employees was recorded for the year 1941 to 1942. Decreases in all the other population classes also occurred during the year, agricultural male workers being one of the heaviest losers.

War activity in Canada was still following an upward trend in the early spring of 1943. The armed forces expanded to 687,000 or to 7.9 per cent of the population 14 years of age and over; war workers in-

¹ Figures in Table 5 in this category were prepared by the Labour Requirements Division of the Economics and Statistics Branch of the Department of Munitions and Supply.

TABLE 5.—ESTIMATED MAN-POWER DISTRIBUTION IN CANADA

14 Years and Over

(In Thousands)

Population Class	April 1, 1939				April 1, 1940				April 1, 1941				April 1, 1942				April 1, 1943				April 1, 1944				April 1, 1945					
	M.	Total		%	M.	Total		%	M.	Total		%	M.	Total		%	M.	Total		%	M.	Total		%	M.	Total		%		
		F.	No.			F.	No.			F.	No.			F.	No.			F.	No.			F.	No.			F.	No.		F.	No.
TOTAL POPULATION, 14 YEARS OF AGE AND OVER.....	4,275,397	8,272,100	100.0	4,329,406	1,061,839	100.0	4,376,412	8,496,100	100.0	4,432,186	8,618,100	100.0	4,432,186	8,618,100	100.0	4,432,186	8,618,100	100.0	4,432,186	8,618,100	100.0	4,432,186	8,618,100	100.0	4,432,186	8,618,100	100.0	4,432,186	8,618,100	100.0
I. Total in Armed Forces or gainfully occupied.....	2,934	651,355	43.3	3,041	671,371	44.2	3,408	726,413	48.7	3,616	883,449	52.2	3,823,102	4,852,556	55.6	3,930,108	5,014,567	56.7	3,981,077	5,058,565	56.5	3,981,077	5,058,565	56.5	3,981,077	5,058,565	56.5	3,981,077	5,058,565	56.5
A. Armed Forces (i).....	8	.....	8	0.1	93	.....	93	1.1	259	1	260	3.1	448	5	453	5.3	664	23	687	7.9	750	35	785	8.9	731	31	762	8.5	762	8.5
B. Gainfully occupied—Total (ii).....	2,926	651,357	43.2	2,948	671,371	44.1	3,149	725,374	45.6	3,168	878,406	46.9	3,168	878,406	46.9	3,168	878,406	46.9	3,168	878,406	46.9	3,168	878,406	46.9	3,168	878,406	46.9	3,168	878,406	46.9
1. Non-agricultural industry—Total.....	1,716	651,236	28.6	1,768	671,243	29.0	2,083	725,218	33.2	2,183	878,306	35.5	2,199,006	3,205,367	36.7	2,195,049	3,244,367	37.2	2,200,104	3,246,363	36.3	2,200,104	3,246,363	36.3	2,200,104	3,246,363	36.3	2,200,104	3,246,363	36.3
(a) Wage and salary workers in war industry (iii).....	.....	.....	.....	.....	167	12	179	2.1	404	44	448	5.3	694	156	850	9.9	896	254	1,150	13.2	836	245	1,081	12.3	715	186	901	10.1	715	186
(b) Wage and salary workers in civilian industry.....	1,346	531,187	22.7	1,233	539,172	21.1	1,328	564,182	22.3	1,164	611,175	20.6	1,003	642,164	18.8	1,043	694,173	19.6	1,158	747,190	21.3	836	245	1,081	12.3	715	186	901	10.1	
(c) Employers, own accounts and no pays (iv).....	370	120	490	5.9	368	120	488	5.8	361	117	478	5.6	325	111	436	5.0	300	110	410	4.7	316	110	426	4.8	327	113	440	4.9	327	113
2. Agriculture—males only.....	1,210	.....	1,210	14.6	1,180	.....	1,180	14.1	1,056	.....	1,056	12.4	985	.....	985	11.4	985	.....	985	11.1	1,050	.....	985	11.1	1,050	.....	1,050	11.7	1,050	11.7
II. Farm women, 14-64 years of age (v).....	.....	800	800	9.7	.....	798	789	9.3	.....	789	789	9.3	.....	778	778	9.0	.....	763	763	8.7	.....	773	773	8.7	.....	800	800	9.0	800	9.0
III. Students.....	318	316	634	7.7	321	312	633	7.5	293	304	597	7.0	280	286	566	6.6	230	246	476	5.5	212	230	442	5.0	212	230	442	5.0	212	230
IV. Unemployed (vi).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	1,023	2,230	3,253	39.3	967	2,280	3,247	38.8	675	2,301	2,976	35.0	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
V. All others—including homemakers not on farms.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NOTE:—The above estimates are based on the most recent information obtainable from the Dominion Bureau of Statistics and other official sources. Very little statistical information is available for domestic servants, agricultural males, farm women, and employers, own accounts and no pays. In these cases the estimates are subject to a possibility of considerable error, especially for dates further than from the date of Decennial Census (June 2, 1941).

(1) Includes prisoners of war and persons missing but still on strength. Excludes persons enlisted but on leave and engaged in civilian occupations.

(ii) Does not include women unofficially occupied on farms or in farms.

Does not include wage and salary workers who are temporarily unemployed owing to "No job" or "Lay-off". Does not include women gammy occupied on farms or in farm homes, who are included in Item 11. Does not include women gammy occupied on farms or in farm homes, who are included in Item 11.

(iii) Includes employment on direct and indirect war production and construction, and the war content of employment in ancillary industries.

(v) Since it is impossible to measure statistically the amount of farm work done by women all women receiving no fixed money payment. "No pays" are mainly family workers receiving no fixed money payment.

gainfully occupied outside the farm.

(vi) In 1943, 1944, and 1945 the number of unemployed was accounted for almost entirely by persons temporarily out of work while moving from one job to another.

Source:—Department of Labour, Ottawa, Research and Statistics Branch.

creased to 1,150,000 or to 13.2 per cent of the adult population. All of the other classes of the population continued to show a decline in number as well as in relative importance to the total manpower pool. The number of students decreased by some 90,000 during the year, and the number of the unemployed by almost 100,000. Those listed as unemployed were largely accounted for by individuals temporarily out of work while moving from one job to another.

It is generally considered that Canada reached its peak of war industry production in the fall of 1943. It is evident from the table that by April 1, 1944 the peak of employment in war industry had passed, for by that date the number of war workers had decreased since April, 1943 by almost 70,000, and formed only 12.3 per cent of the population age 14 and over. By this time, however, the armed forces had reached a strength of 785,000 or 8.9 per cent of the population age 14 and over. This marks the high point in both absolute numbers and in percentage of the population reached by the armed forces. The contraction of war industry caused for the first time a halt in the downward trend of some of the other population classes, for by April 1, 1944, wage and salary workers in civilian industry and agricultural male workers, for example, had increased in number over 1943. The drain on the students, however, continued.

By April of 1945 the total in the armed forces or gainfully occupied had increased by almost a million and a half compared to April, 1939. In this six years the total percentage of the population 14 years of age and over in the armed forces or gainfully occupied had increased from 43.3 per cent to 56.5 per cent. A general shrinkage of war activity which began several months earlier was reflected in the manpower distribution as at April, 1945. By this time, workers in war industry were reduced to almost 900,000 or to 10.1 per cent of the population 14 years of age and over, and the armed forces were slightly reduced to 762,000 or to 8.5 per cent of the adult population. The upswing of employment in civilian industry and in the number of agricultural farm workers continued. The number of farm women likewise registered an increase.

4. SHIFTS OF MANPOWER BY INDUSTRY AND OCCUPATION

Information on shifts between industries and between types of occupations is drawn from a comparison of the 1940 data on occupation and industry as shown by the National Registration cards and similar information for 1944 as shown on the employee registration forms of the Unemployment Insurance Commission. The comparison of information does not indicate all the changes that have taken place between these two dates; however, it indicates the very substantial net shifts that have occurred during this four-year war period.

Industrial Shifts

The growth of war industry was made possible by the addition of new groups of workers to the labour force, and by the diversion of workers from other industries into war manufacturing. For example, agriculture and the construction industry each yielded substantial numbers of workers to war manufacturing. In some cases the shifts have been quite roundabout, as

when a worker from agriculture has replaced a man in the construction industry who in turn has replaced a worker in civilian manufacturing who had taken a job in war manufacturing.

The shifts from agriculture are quite distinct because there have been almost no shifts in the opposite direction. Some of the movement from agriculture cannot be measured satisfactorily; farm workers who entered manufacturing industry and subsequently were inducted into the armed forces, would not show up in computations of this sort. It is estimated, however, that 100,000 persons went directly from agriculture to the armed forces. From the materials available it appears that there were 160,000 persons employed in 1944 who had been engaged in agriculture in 1940. Of these, 50,000 were in war manufacturing, 40,000 in civilian manufacturing, 22,000 in public utilities, 17,000 in services, 12,500 in trade and most of the rest in mining or construction.

By contrast the movement from the construction industry was offset in part by movements into that industry. Apparently about 60,000 workers left construction jobs. Half of these went into war manufacturing and about 10,000 sought jobs in other types of manufacturing. The rest went into the service trades, public utilities, trade, and mining. However, there were substantial movements in the opposite direction. Almost 5,000 left civilian manufacturing to go into construction jobs, and two thousand left war manufacturing to take such jobs. In all, 23,000 workers left other industries to go into construction. Hence the net movement from construction was much less than 60,000 mentioned above. Some of it was, of course, offset by persons entering construction jobs who had never had jobs in industry before.

In the case of civilian manufacturing the wartime increase is almost entirely due to the employment of persons who were not employed in 1940. Approximately 130,000 persons entered this field from other kinds of industry. But the same number left civilian manufacturing to seek jobs in other industries. The net increase in employment in civilian manufacturing, a total of approximately 100,000, is made up entirely from 40,000 housewives, 30,000 unemployed, 20,000 students, plus persons who were either retired or working on their own account in 1940.

A comparison of war manufacturing with civilian manufacturing shows that the former drew heavily from other types of industry. Whereas almost 300,000 workers left other industries to take jobs in war manufacturing only 10 per cent of that number moved in the opposite direction. Housewives, unemployed, students, and other emergency workers contributed 130,000 workers to war manufacturing, raising the total of those moving in to 400,000 approximately. Of this total civilian manufacturing was the largest contributor, providing 74,000 workers. Fewer than 10,000 moved in the opposite direction.

In general it can be seen that skilled workers have been channelled into war manufacturing, and other industries have attempted to make good their losses by utilizing workers of lesser skills. As noted above all of the increase in civilian manufacturing is accounted for by the inflow of 100,000 emergency workers (housewives, students, etc.). On the other hand, of the 400,000

increase in war manufacturing only one-third is accounted for by such workers. The other two-thirds were drawn from the workers in other industries.

Occupational Shifts

The mobilization of manpower into industry has resulted in substantial movements between occupations. In ordinary times shifts back and forth between occupations are continually taking place, but during the war period there have been pronounced trends in definite direction.

Occupations for purposes of this discussion, are classified as follows: professional and managerial, clerical and sales, service, agricultural, skilled, semi-skilled, and unskilled.

Changes from professional and managerial occupations have been relatively unimportant, fewer than 40,000 persons having left these occupations. Those shifting went largely into clerical and sales occupations.

During the course of the war there has been a one-way drain from agriculture to industry of approximately 160,000 workers, almost entirely males. Approximately 35 per cent of these went into unskilled occupations, 25 per cent went into semi-skilled occupations, and 20 per cent went into skilled occupations.

The unemployed of 1940 have, in general, during the course of the war, been drawn into industry, directly into the armed forces, or have gone there via a temporary wartime job. Of those employed in 1944 approximately 160,000 were unemployed in 1940. A half of these had gone into unskilled or semi-skilled jobs, and about one-third had entered clerical or sales occupations. The latter group is almost entirely female. Relatively few of the unemployed went into the skilled trades.

Approximately 150,000 women entered industry who were housewives in 1940. A third of these entered clerical and sales work and a quarter went into semi-skilled occupations. The service occupations and unskilled occupations together account for another quarter of the total.

On the other hand substantial numbers—approximately 90,000—left clerical and sales occupations. These were divided almost equally among the unskilled, semi-skilled, skilled, and professional and managerial occupations.

Approximately 170,000 workers switched out of service occupations, though half of these were replaced by workers from other occupations. Of those who left service occupations a third went into semi-skilled jobs; a quarter entered clerical and sales occupations; most of the remainder were divided equally between skilled and unskilled occupations.

The labour force of 1944 included approximately 90,000 persons who were over 16 years of age and in school in 1940. These were three-fourths females, and of these almost all went into clerical and sales jobs. The males went, in almost equal numbers, into unskilled, semi-skilled, and skilled occupations.

Of those workers classified as unskilled in 1940 a half (150,000) had switched to other types of occupations by 1944. Of these, 65,000 had gone into semi-skilled jobs and 50,000 into skilled jobs. Thus there has been a very marked tendency for workers at this level to increase their skills during the war period.

The same trend is to be seen among the semi-skilled of 1940. Fewer of these had changed their types of jobs. Some had taken jobs of lower skill in other industries, but almost half of those changing jobs had moved up into skilled occupations.

The wartime shifts between occupations indicates that very large numbers of Canadian workers have developed a capacity for skilled work.

5. EMPLOYMENT IN WAR MANUFACTURING

War *manufacturing* throughout this report differs from war *industry*. Employment in war *industry* is the broader term and includes employment on direct and indirect war production and construction, and the war content of employment in ancillary industries.

A survey by the Research and Statistics Branch was made in 1944 to determine the number of workers in the various types of war manufacturing according to geographical areas. Although the total employment in war manufacturing has dropped substantially since July, 1944, the date of the estimates, the data which follow are the most up-to-date and complete by detailed geographical area. It is estimated that employment in war manufacturing decreased by over 150,000 persons from July 1, 1944 to June 1, 1945.

Six tables appear at the end of this section of the report. Tables 6-8 show the distribution of employment in war manufacturing for Canada by provinces and by main types of war manufacturing. Tables 9-11 show the concentration of war manufacturing employment in the 20 cities reporting the largest volumes of such employment.

The classification of war manufacturing in the tables is as follows:

- Munitions
- Aircraft
- Shipbuilding
- Mechanical Transport
- Other Metals
- Miscellaneous

The Munitions, the Aircraft, and the Shipbuilding programs have all experienced marked wartime expansion and presumably will register heavy declines in the change-over to peacetime conditions. On the other hand, it is expected that no large contraction in employment will occur in the Mechanical Transport industry in spite of the necessity for reconversion. All war manufacturing employment in the metals industries not included in the above four groups are combined under the heading "Other Metals". As far as this industry group is concerned, it is considered that no substantial decrease in employment will occur. The "Miscellaneous" group comprises such industries as lumber, food processing, textiles, etc.—industries which may reasonably anticipate an increase in employment.

Table 6 which follows this section of the report shows for each province the total estimated number of employees engaged in war manufacturing on July 1, 1944, and also shows the total number of employees in each

province on January 8, 1944¹. The total number of employees in war manufacturing in Canada in July was about 719,000,² whereas the total number of employees in all industry was approximately 2,431,000. The greatest number of employees in war manufacturing by provinces was: Ontario 341,000, Quebec 233,000, and British Columbia 70,000, which in the aggregate comprised almost 90 per cent of total war employment. As a percentage of total employment, war manufacturing employment comprised 32 per cent in Ontario, 34 per cent in Quebec, and 31 per cent in British Columbia.

The Munitions industry was heavily concentrated in Quebec with 49,000 employees and in Ontario with 51,000 employees. Similarly the Aircraft industry was also concentrated in these two provinces, with about 45,000 employees in each, although British Columbia and Manitoba also showed substantial employment in this industry. Shipbuilding was concentrated in British Columbia (32,000 employees), Quebec (28,000), and Nova Scotia (16,000). The reader is referred to Table 6 for further elaboration.

In the tables that follow, the Munitions, Aircraft, and Shipbuilding industries may be considered as a group to represent the inconvertible segment of war manufacturing, whereas the Mechanical Transport, Other Metals, and Miscellaneous industries may be considered as the convertible segment of war manufacturing.

¹ In January, 1944, a survey of employment was conducted by the Research and Statistics Branch of the Department of Labour. This survey covered employment in all types of industries with the exception of farming, domestic service and government service. Where total numbers of employees as at January, 1944 appear in this report the groups just mentioned are excluded.

² Figures on employment in war manufacturing were prepared in part by the Labour Requirements Division of the Economics and Statistics Branch of the Department of Munitions and Supply.

On balance it seems that British Columbia, Nova Scotia and Quebec have the heaviest representation in the inconvertible segment of war manufacturing. When the position of Quebec is compared with that of Ontario, it appears that while approximately 48 per cent of Quebec's 233,000 workers in war manufacturing are in the convertible type, in Ontario 68 per cent of this class of workers are in convertible types of industry. A considerable part of this difference in the position of the two provinces is explained by the fact that over 97 per cent of all workers in the Mechanical Transport industry are concentrated in Ontario.

Table 7 gives by provinces the estimated number of male employees engaged in war manufacturing as at July 1, 1944, while Table 8 gives similar information for females. Of the total engaged in war manufacturing on that date, 542,000 (75 per cent) were males and 176,000 (25 per cent) were females. In addition both tables give detailed figures by type of war manufacturing.

Table 9 gives for certain selected cities the estimated number of employees engaged in war manufacturing by industrial group and also gives the total number of employees in these cities. In the aggregate three-quarters of the employees engaged in war manufacturing are located in these cities. The five cities showing the largest employment in war manufacturing are:

Montreal	148,000
Toronto	125,000
Vancouver	50,000
Hamilton	34,000
Windsor	33,000

The reader is referred to Table 9 for further details with respect to the distribution of employees by cities in the various branches of war manufacturing.

Table 10 gives comparable data to Table 4 for male employees whereas Table 11 applies to female employees.

TABLE 6—TOTAL EMPLOYEES JANUARY 8, 1944 AND ESTIMATED EMPLOYEES IN WAR MANUFACTURING, BY INDUSTRY GROUP, BY PROVINCES JULY 1, 1944

Province	Total number of employees January 8, 1944	Estimated number of employees engaged in war manufacturing, July 1, 1944						
		Total	Munitions	Aircraft	Ship-building	Mechanical transport	Other metals	Miscellaneous
Prince Edward Island.....	5,511	404	.....	.....	289	.....	20	95
Nova Scotia.....	103,201	27,348	1,402	2,002	16,067	.....	3,990	3,887
New Brunswick.....	68,998	9,509	254	514	2,724	.....	1,667	4,350
Quebec.....	740,861	233,466	48,632	45,139	27,572	874	62,118	49,131
Ontario.....	994,328	341,428	51,477	45,033	11,854	45,524	106,761	80,779
Manitoba.....	122,193	22,702	3,093	7,195	.....	356	6,584	5,474
Saskatchewan.....	63,275	3,728	311	579	.....	.....	125	2,713
Alberta.....	107,623	10,044	1,072	1,326	.....	6	2,138	5,502
British Columbia.....	224,626	70,060	1,611	8,638	32,345	21	9,423	18,022
CANADA.....	2,430,616	718,689	107,852	110,426	90,851	46,781	192,826	169,953

TABLE 7.—TOTAL MALE EMPLOYEES JANUARY 8, 1944, AND ESTIMATED MALE EMPLOYEES
IN WAR MANUFACTURING, BY INDUSTRY GROUP, BY PROVINCES JULY 1, 1944

Province	Total number of employees January 8, 1944	Estimated number of employees engaged in war manufacturing, July 1, 1944						
		Total	Muni- tions	Aircraft	Ship- building	Mechan- ical transport	Other metals	Miscel- laneous
Prince Edward Island.....	3,523	359			287		18	54
Nova Scotia.....	79,643	23,395	1,264	1,445	13,862		3,799	3,025
New Brunswick.....	52,173	7,903	230	416	2,627		1,511	3,119
Quebec.....	526,229	177,641	30,370	35,166	26,662	839	50,867	33,737
Ontario.....	660,985	246,903	27,474	30,474	11,309	38,820	83,170	55,656
Manitoba.....	81,368	17,260	2,400	4,852		329	6,250	3,429
Saskatchewan.....	42,992	2,833	231	394			122	2,086
Alberta.....	76,328	8,154	1,018	959		6	1,865	4,306
British Columbia.....	163,957	57,823	1,195	3,453	29,932	19	8,446	14,778
CANADA.....	1,687,198	542,271	64,182	77,159	84,679	40,013	156,048	120,190

TABLE 8.—TOTAL FEMALE EMPLOYEES JANUARY 8, 1944 AND ESTIMATED FEMALE EMPLOYEES
IN WAR MANUFACTURING, BY INDUSTRY GROUP, BY PROVINCES, JULY 1, 1944

Province	Total number of female employees January 8, 1944	Estimated number of female employees engaged in war manufacturing, July 1, 1944						
		Total	Muni- tions	Aircraft	Ship- building	Mechan- ical transport	Other metals	Miscel- laneous
Prince Edward Island.....	1,988	45			2		2	41
Nova Scotia.....	23,558	3,953	138	557	2,205		191	862
New Brunswick.....	16,825	1,606	24	98	97		156	1,231
Quebec.....	214,632	55,825	18,262	9,973	910	35	11,251	15,394
Ontario.....	333,343	94,525	24,003	14,559	545	6,704	23,591	25,123
Manitoba.....	40,825	5,442	693	2,343		27	334	2,045
Saskatchewan.....	20,283	895	80	185			3	627
Alberta.....	31,295	1,890	54	367			273	1,196
British Columbia.....	60,669	12,237	416	5,185	2,413	2	977	3,244
CANADA.....	743,418	176,418	43,670	33,267	6,172	6,768	36,778	49,763

TABLE 9—TOTAL EMPLOYEES JANUARY 8, 1944, AND ESTIMATED EMPLOYEES IN WAR MANUFACTURING, BY INDUSTRY GROUP, FOR SELECTED CITIES, JULY 1, 1944

City	Total number of employees January 8, 1944	Estimated number of employees engaged in war manufacturing, July, 1, 1944						
		Total	Muni- tions	Aircraft	Ship- building	Mechan- ical transport	Other metals	Miscel- laneous
Montreal.....	431,237	147,560	26,387	43,657	11,234	714	43,687	21,881
Toronto ¹	377,223	125,453	27,762	22,259	3,930	4,733	39,411	27,358
Vancouver ¹	149,300	49,781	1,608	8,048	23,238	21	4,183	12,683
Hamilton.....	79,476	34,177	4,014	1,302	900	1,204	20,197	6,560
Windsor.....	52,418	33,074	2,431	76	172	22,773	5,142	2,480
Quebec ¹	71,709	22,992	7,735	.....	10,230	63	1,643	3,321
Winnipeg.....	105,298	19,566	3,093	7,195	.....	356	3,979	4,943
Oshawa.....	20,245	13,962	4,331	1,379	.....	5,605	881	1,766
Halifax.....	33,902	10,614	.....	127	8,797	.....	144	1,546
St. Catharines.....	21,181	10,510	1,727	102	149	5,341	2,107	1,084
Fort William ²	29,309	9,809	.....	7,281	1,796	.....	67	665
Chicoutimi.....	18,164	9,648	.....	.....	.....	.....	9,529	119
Kitchener.....	21,541	8,447	850	375	.....	144	1,264	5,814
Sorel.....	8,171	7,903	2,530	.....	5,218	56	.....	99
Brantford.....	16,974	7,758	310	3,229	.....	834	2,060	1,325
Victoria.....	23,098	7,567	.....	300	6,120	.....	229	918
London.....	31,515	7,391	1,322	1,332	.....	296	2,713	1,728
Welland.....	10,605	6,433	50	150	113	.....	3,400	2,720
Peterborough.....	15,012	6,313	1,520	.....	.....	725	2,963	1,105
Ottawa.....	38,478	6,019	52	2,301	.....	3	762	2,901
Total for selected cities.....	1,554,856	544,977	85,722	99,113	71,897	42,868	144,361	101,016
Grand total for Canada.....	2,430,616	718,689	107,852	110,426	90,851	46,781	192,826	169,953
Total for selected cities as a percentage of grand total for Canada.....	64.0	75.8	79.5	89.8	79.1	91.6	74.9	59.4

¹ Comprises the greater urban area.

² Includes Port Arthur.

TABLE 10—TOTAL MALE EMPLOYEES JANUARY 8, 1944, AND ESTIMATED MALE EMPLOYEES IN WAR MANUFACTURING, BY INDUSTRY GROUP, FOR SELECTED CITIES, JULY 1, 1944.

City	Total number of employees January 8, 1944	Estimated number of male employees engaged in war manufacturing, July 1, 1944						
		Total	Muni- tions	Aircraft	Ship- building	Mechan- ical transport	Other metals	Miscel- laneous
Montreal.....	287,097	110,859	17,841	34,066	10,670	688	33,885	13,709
Toronto ¹	224,794	81,405	11,261	15,815	3,769	3,244	29,625	17,691
Vancouver ¹	105,104	39,993	1,195	3,188	21,814	19	3,695	10,082
Hamilton.....	52,614	25,237	3,053	784	876	1,065	15,627	3,832
Windsor.....	40,356	28,398	1,298	67	165	20,985	4,230	1,653
Quebec ¹	51,996	15,869	2,125	.....	10,044	62	1,577	2,061
Winnipeg.....	69,409	14,397	2,400	4,852	.....	329	3,850	2,966
Oshawa.....	13,992	10,269	2,667	780	.....	4,775	763	1,284
Halifax.....	23,687	8,096	.....	110	6,759	.....	130	1,097
St. Catharines.....	14,923	7,970	986	77	147	4,192	1,701	867
Fort William ²	22,827	6,660	.....	4,246	1,741	.....	62	611
Chicoutimi.....	16,478	9,185	.....	.....	.....	.....	9,074	111
Kitchener.....	13,727	5,773	567	239	.....	119	1,050	3,798
Sorel.....	7,076	7,587	2,348	.....	5,100	50	.....	89
Brantford.....	10,882	5,581	300	2,236	.....	807	1,521	717
Victoria.....	16,173	6,292	.....	100	5,267	.....	204	721
London.....	19,781	5,336	924	1,009	.....	262	1,976	1,165
Welland.....	7,997	5,335	48	150	102	.....	2,903	2,132
Peterborough.....	10,381	4,353	1,136	.....	.....	550	1,735	932
Ottawa.....	22,725	4,253	51	1,779	.....	3	628	1,792
Total for selected cities.....	1,032,019	402,848	48,200	69,498	66,454	37,150	114,236	67,310
Grand total for Canada.....	1,687,198	542,271	64,182	77,159	84,679	40,013	156,048	120,190
Total for selected cities as a percentage of grand total for Canada.....	61.2	74.3	75.1	90.1	78.5	92.8	73.2	56.0

¹ Comprises the greater urban area.

² Includes Port Arthur.

TABLE 11—TOTAL FEMALE EMPLOYEES, JANUARY 8, 1944, AND ESTIMATED FEMALE EMPLOYEES IN WAR MANUFACTURING, BY INDUSTRY GROUP, FOR SELECTED CITIES, JULY 1, 1944

City	Total number of female employees January 8, 1944	Estimated number of female employees engaged in war manufacturing, July 1, 1944						
		Total	Muni- tions	Aircraft	Ship- building	Mechan- ical transport	Other metals	Miscel- laneous
Montreal.....	144,140	36,701	8,546	9,591	564	26	9,802	8,172
Toronto ¹	152,429	44,048	16,501	6,444	161	1,489	9,786	9,667
Vancouver ¹	44,196	9,788	413	4,860	1,424	2	488	2,601
Hamilton.....	26,862	8,940	961	518	24	139	4,570	2,728
Windsor.....	12,062	4,676	1,133	9	7	1,788	912	827
Quebec ¹	19,713	7,123	5,610	.....	186	1	66	1,260
Winnipeg.....	35,889	5,169	693	2,343	.....	27	129	1,977
Oshawa.....	6,253	3,693	1,664	599	.....	830	118	482
Halifax.....	10,215	2,518	.....	17	2,038	.....	14	449
St. Catharines.....	6,258	2,540	741	25	2	1,149	406	217
Fort William ²	6,482	3,149	.....	3,035	55	.....	5	54
Chicoutimi.....	1,686	463	.....	.....	.....	.....	455	8
Kitchener.....	7,814	2,674	283	136	.....	25	214	2,016
Sorel.....	1,095	316	182	.....	118	6	.....	10
Brantford.....	6,092	2,177	10	993	.....	27	539	608
Victoria.....	6,925	1,275	.....	200	853	.....	25	197
London.....	11,734	2,055	398	323	.....	34	737	563
Welland.....	2,608	1,098	2	.....	11	.....	497	588
Peterborough.....	4,631	1,960	384	.....	.....	175	1,228	173
Ottawa.....	15,753	1,766	1	522	.....	.....	134	1,109
Total for selected cities.....	522,837	142,129	37,522	29,615	5,443	5,718	30,125	33,706
Grand total for Canada.....	743,418	176,418	43,670	33,267	6,172	6,768	36,778	49,763
Total for selected cities as a percentage of grand total for Canada.....	70.3	80.6	85.9	89.0	88.2	84.5	81.9	67.7

¹ Comprises the greater urban area.² Includes Port Arthur.

6. POSTWAR PROSPECTS

Some of the trends investigated in this report are so distinct that postwar forecasts can be made with assurance. The proportion of the population seeking employment will be greater than in the pre-war period. As this is a greater proportion of a *larger* population the absolute increase in the population seeking employment will be substantial. Most of the increase will be due to a higher proportion of female workers than existed in 1939. The evidence points to a continued concentration of population in metropolitan areas. The farm counties will utilize a progressively smaller fraction of the total population. However, these farm counties will probably maintain their high rates of natural increase. The chief contributors to the natural increase of population are likely to be the farm areas of the Prairie Provinces and Quebec. The trend toward mechanization in farm areas, the lack of urban opportunities in certain provinces, and the attraction of job opportunities in the industrialized areas will continue to draw migrants from the Prairies and Quebec toward Ontario and British Columbia. The current patterns of population movement may be modified but are hardly likely to be reversed. One outstanding feature of such movements is that a given province bears the cost of raising and educating its children but a different province utilizes the labour of those children.

Information on postwar population movements has been drawn from two sources. The Research and Statistics Branch of the Department of Labour has surveyed the plans of civilians regarding postwar residence and occupation and the Army has carried out a similar study of the intentions of men in that branch of the Armed Forces.

There is a marked similarity between the results of these two surveys. It is estimated that almost 90 per cent of returning ex-servicemen will establish residence in the province from which they enlisted. There is a recognizable tendency for these ex-servicemen to move toward the larger urban areas in selecting their places of postwar residence. Of those who expect to move to a different province the greatest fraction anticipate going to British Columbia. Ontario comes next in importance as a receiving area. Saskatchewan is the chief loser in this exchange of population, with Quebec likewise showing substantial losses. The cities likely to receive more men than they contributed to the Army are Vancouver, Toronto, Calgary, and Edmonton. The two likely to lose population are Montreal and Halifax.

For the civilian workers surveyed the trends are markedly similar. Analysis of the postwar expectations regarding residence shows that Ontario and British

Columbia will receive an influx of population while the other seven provinces will lose. On balance Quebec will be the heaviest loser, both absolutely and relatively.

The volume of postwar shift of population between provinces will be substantially less than that of the war period. The important feature is the fact that the wartime trend will continue. There seems no likelihood of any reversal of the changes which have taken place to date.

Coming to the question of postwar employment plans, however, there are substantial changes in store, particularly for the civilian population. For the armed services there will be a return to agriculture of approximately the same numbers as enlisted from this field. Some who were farmers will seek other industries, and vice versa, but on balance there will be little change. In the case of those wishing to run a business of their own there will probably be an increase over pre-war levels. There is a marked tendency for returning ex-servicemen to aim for white collar jobs and to desert the semi-skilled and unskilled types of occupations.

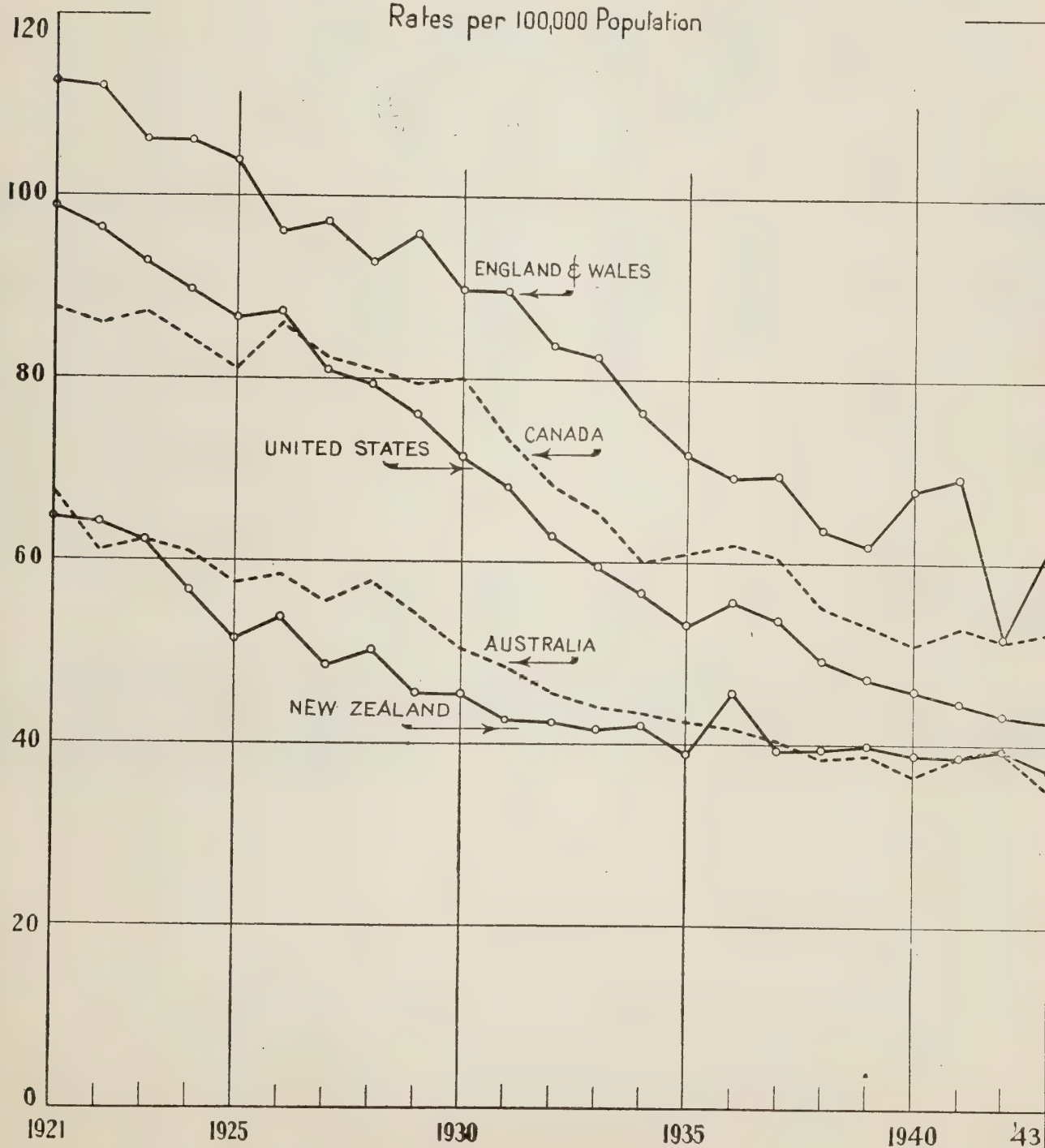
Concerning civilian workers there is a clear reversal of many wartime trends. Of the emergency workers, (women, older workers, students) a large proportion of the women who have entered wage-earning employment intend to return to, or take up, housekeeping at the close of the war. They plan to withdraw from the labour force, in large part only if their husbands secure relatively high incomes. Less than half of the workers over sixty-five intend to retire; a very small number will withdraw from the labour force on this account. Only a small number will withdraw from the current labour force to take up their educations afresh. This contrasts sharply with the large number of ex-servicemen expecting to continue their schooling. On the other hand, in the years immediately following the war, a larger number of young people will remain in school longer than has been the case during the war. Hence for a time the labour force will cease to increase at the rate which has characterized the war years.

Approximately 70,000 civilian workers anticipate returning to farms, or starting farming. This represents less than one half the number who left agriculture during the war to work in industry. With allowance for ex-servicemen taking up agriculture it appears that there will be fewer persons employed in farming, after the war than before the war. The postwar shift between provinces mentioned above is largely a shift brought about by the differences in job opportunities as between the highly industrialized regions versus the agricultural regions of Canada.

DEATH RATES FROM TUBERCULOSIS IN CERTAIN COUNTRIES

1921-1943

Rates per 100,000 Population



PART V STATISTICS OF UNEMPLOYMENT RELIEF

TABLE 1—ESTIMATED TOTAL EXPENDITURES UNDER RELIEF LEGISLATION INCLUDING DOMINION, PROVINCIAL, MUNICIPAL AND RAILWAY, ETC., DISBURSEMENTS FROM SEPTEMBER 1930 TO DECEMBER 31, 1940

Act	Material Aid (Direct Relief)	Provincial and Municipal Public Works and Undertakings	Agricultural Relief other than Material Aid	Federal Projects, Camps, Railways, etc. including War Appropriations	Relief Settlement	Totals
	\$	\$	\$	\$	\$	\$
The Unemployment Relief Act, 1930...	10,073,000	40,615,000	1,015,000	(¹) 27,885,000	.....	79,588,000
The Unemployment and Farm Relief Act, 1931.....	22,173,000	70,492,000	1,982,000	6,851,000	.....	101,498,000
The Relief Act, 1932.....	46,985,000	5,700,000	3,062,000	2,107,000	1,919,000	59,773,000
The Relief Act, 1933.....	74,243,000	19,525,000	2,213,000	7,655,000	.....	103,636,000
The Relief Act, 1934.....	80,228,000	14,734,000	5,346,000	8,487,000	724,000	109,519,000
The Relief Act, 1935.....	84,875,000	13,800,000	6,000,000	8,524,000	7,000	113,206,000
The Unemployment Relief and Assist- ance Act, 1936.....	80,501,000	32,000,000	5,654,000	316,000	1,726,000	120,197,000
The Unemployment and Agricultural Assistance Act, 1937.....	70,373,000	20,500,000	12,700,000	580,000	299,000	104,452,000
The Unemployment and Agricultural Assistance Act, 1938.....	64,100,000	11,160,000	550,000	555,000	.....	76,365,000
The Unemployment and Agricultural Assistance Act, 1939, and Youth Training Act, 1939.....	54,800,000	15,300,000	564,000	550,000	.....	71,214,000
The Unemployment and Agricultural Assistance Act, 1940, and Youth Training Act 1939.....	26,073,000	4,828,000	72,000	1,135,000	750,000	32,858,000
	614,424,000	248,654,000	39,158,000	64,645,000	5,425,000	972,306,000

¹ Includes \$25,497,000 expended by the Canadian National Railway and the Canadian Pacific Railway Company for work in advance of normal requirements on which amounts the Dominion Government paid interest at five per cent per annum for eighteen months.

NOTE:—The above totals are confined to expenditures under relief legislation. The totals do not include Dominion disbursements under the Public Works Construction Act, 1934, the Supplementary Public Works Construction Act 1935, or under the Special Supplementary Estimates 1936-37, 1937-38, 1938-39, 1939-40 and 1940-41 with the exception of Department of Labour Votes and Department of Mines and Resources and Department of Agriculture Votes where moneys were expended under agreements with the Provinces which were executed under relief legislation. Relief to veterans, wheat bonus payments and loans to the Provinces are not included.

UNEMPLOYMENT RELIEF BRANCH—DEPARTMENT OF LABOUR.

TABLE 2—DISTRIBUTION OF EXPENDITURES UNDER RELIEF LEGISLATION
FROM SEPTEMBER, 1930, TO DECEMBER 31, 1940

	Material Aid (Direct Relief, Food, Fuel, Clothing, Shelter)	Provincial and Municipal Public Works and Under- takings	Agricultural Relief other than Material Aid	Federal Projects, Camps, Railways, etc.	Relief Settlement	Totals
	\$	\$	\$	\$	\$	\$
All governments including Dominion, Provincial, Municipal and Railway Expenditures.....	614,424,000 ¹	248,654,000	39,158,000	64,645,000	5,425,000	972,306,000
Dominion Government Disbursements to March 31, 1941.....	236,080,000 ²	86,700,000	11,185,000	58,128,000	1,878,000	393,971,000
Provincial and Municipal Governments	378,344,000 ³	161,954,000	27,973,000	6,517,000	3,547,000	578,335,000

¹ Estimate prepared by Unemployment Relief Branch, Department of Labour Table 1.

² Annual Report of Dominion Commissioner of Unemployment Relief 1940, Page 40.

³ For summary of Provincial and Municipal shares of relief expenditures see Table 33, Page 95, Book III of the Royal Commission on Dominion Provincial Relations.

TABLE 3—EXPENDITURES: SUMMARY OF DISBURSEMENTS TO PROVINCES UNDER RELIEF LEGISLATION AS AT MARCH 31, 1941

Province	Grants-in-Aid		Direct Relief (Material Aid) Food, Clothing, Fuel, Shelter		Relief in Dried-Out Areas		Care of Single Homeless Persons		Relief Settlement		Public Works		Miscellaneous including Farm Placement Plans		Total Paid to Provinces	
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.
Prince Edward Island.....	151,117	25	117,844	37							1,020,642	28	49,690	56	1,339,294	46
Nova Scotia.....	2,040,492	06	1,645,753	01					54,006	99	4,136,592	66	204,690	13	8,081,534	85
New Brunswick.....	987,781	25	635,608	24			4,697	39			4,174,180	49	292,590	83	6,094,558	20
Quebec.....	29,685,625	00	23,209,231	45					976,874	70	12,235,267	05	579,552	61	66,686,550	81
Ontario.....	35,316,750	00	35,952,589	03					104,843	24	31,223,140	36	270,451	05	102,867,773	68
Manitoba.....	9,088,346	91	8,350,389	92	161,368	37	798,689	20	358,640	53	7,621,345	01	1,101,895	81	27,470,675	75
Saskatchewan.....	13,092,250	00	26,074,243	43	10,532,092	47			166,898	67	5,027,653	47	2,730,958	27	57,624,096	31
Alberta.....	6,742,907	72	5,487,549	08	491,951	10	602,144	37	206,690	23	4,514,034	56	528,596	65	18,573,873	71
British Columbia.....	8,806,687	50	10,252,471	59			3,250,986	96	10,088	66	5,869,776	16	423,302	50	28,613,313	37
Yukon and Northwest Territory.....											49,101	31			49,101	31
	105,911,957	69	111,725,680	12	11,185,411	94	4,656,517	92	1,878,043	02	75,871,733	35	6,181,728	41	317,401,072	45

TABLE 4—AVERAGE NUMBER OF RECIPIENTS OF DIRECT RELIEF TO WHICH THE DOMINION GOVERNMENT CONTRIBUTED UNDER RELIEF LEGISLATION IN THE YEARS 1933, 1937, 1939^a

(Monthly Average for each Year)

Year	Urban						Total Agricultural *			Grand Total including Dependents
	Employables			Unemployables			Heads of Families	Individuals	Total	
	Heads of Families	Individuals	Total	Heads of Families	Individuals	Total				
1933 ^a	207,983	41,081	249,064	14,580	8,413	22,993	14,437	74	14,511	1,227,562
1937 ^a	131,905	39,341	171,246	9,814	7,821	17,635	58,338	7,824	66,162	965,907
1939 ^a	117,464	32,420	149,884	11,622	10,740	22,362	43,087	5,252	48,339	808,040

* Breakdown of figures by employability unavailable.

^a As reported by the provinces.^b Source: Report of the Dominion Commissioner of Unemployment Relief 1941.^c Source: Report of the National Relief Registration—National Registration Branch, January 1941.

TABLE 5
AVERAGE NUMBERS OF HEADS OF FAMILIES AND
INDIVIDUALS IN RECEIPT OF URBAN RELIEF
(EXCLUSIVE OF DEPENDENTS) TO WHICH THE
DOMINION GOVERNMENT MADE CONTRIBUTION
(Monthly Average for Each Year)

Year	Heads of Families			Per Cent	
	Employ- able	Unem- ployable	Total	Employ- able	Unem- ployable
1933.....	207,983 ¹	14,580 ¹	222,563	92·8	7·2
1937.....	131,905	9,814	141,719	92·8	7·2
1939.....	117,464	11,622	129,086	90·9	9·1

Individuals

	Employ- able	Unem- ployable	Total	Employ- able	Unem- ployable
1933.....	41,081 ¹	8,413 ¹	49,494	82·6	17·4
1937.....	39,341	7,821	47,162	82·6	17·4
1939.....	32,420	10,740	43,160	74·7	25·3

¹ The breakdown between employables and unemployables in receipt of direct relief in 1933 is an estimate based on the percentages obtained in the first full year in which the National Relief Registration classified relief recipients (1937).

TABLE 6

ESTIMATED NUMBER OF PERSONS GAINFULLY OCCUPIED AND WAGE EARNERS EMPLOYED AND UNEMPLOYED
COMPARED WITH THE NUMBER OF RECIPIENTS OF DIRECT RELIEF FOR THE YEARS 1933, 1937 AND 1939

(Monthly Averages)

Year	Normally gainfully occupied population(a)	Average number of Wage Earners(b)	Average number Wage Earners Unemployed(a)	Recipients of Direct Relief			Average of all Persons on Direct Relief (Including Dependents)
				Urban	Agricultural (b)	Total	
1933.....	4,089,000	2,434,000	647,000	272,057	14,511	286,568	1,227,562
1937.....	4,336,000	2,706,000	337,000	188,881	66,262	255,143	965,907
1939.....	4,485,000	2,744,000	386,000	172,240	48,339	220,579	808,040

(a) Dominion Bureau of Statistics.

(b) Reports of the Dominion Commissioner of Unemployment Relief and Report of the National Relief Registration.

TABLE 7

ESTIMATED RELIEF EXPENDITURES BY ALL GOVERNMENTS IN CANADA FOR THE YEARS 1933, 1937, 1939

Fiscal Year	Total Expenditures under Relief Legislation (All Governments) (a)	Total Expenditures for Direct Relief (Unemployables and Employables) (a)	Monthly Average Expenditures Under Relief Legislation	Monthly Average Expenditures for Direct Relief	Direct Relief Costs as Percentage of all Relief Costs
1933.....	\$103,636,000	\$74,243,000	\$8,636,333	\$6,186,916	71%
1937.....	104,452,000	70,373,000	8,696,833	5,864,442	67%
1939.....	71,214,000	54,800,000	5,934,500	4,566,666	77%

(a) SOURCE: Statement of the Dominion Commissioner of Unemployment Relief, see Table Number 1, figures as reported by the provinces.

TABLE 8

NUMBERS ASSISTED IN RELIEF PROJECTS AS REPORTED BY THE PROVINCE TO THE UNEMPLOYMENT RELIEF COMMISSION, AND BY FEDERAL DEPARTMENTS FROM MAY 1932 TO MARCH 31, 1941
(Monthly Average for Each Year)

Monthly Average:

1932 (8 months).....	41,160
1933.....	84,879
1934.....	116,949
1935.....	83,186
1936.....	61,811
1937.....	58,627
1938.....	65,394
1939.....	73,683
1940.....	46,315
1941 (3 months).....	15,812

PART VI

SUMMARY OF UNITED KINGDOM SOCIAL INSURANCE PROPOSALS*

1. The Government's scheme for Social Insurance falls into two parts, Part I (Cmd. 6550, 6d.), dealing with Social Insurance, Part II (Cmd. 6551, 3d.) with Industrial Injury Insurance.

2. The entire population is classified in six groups, with different benefits and contributions. The categories and numbers in each group are as follow:—

three years, sickness benefit will be replaced by an invalidity benefit at retirement pension rate. Unemployment benefit will end after 30 weeks. Special allowances at a higher rate will be given for attendance at approved training courses. An additional allowance of 16s. a week (15s. for invalidity benefit) will be added for those on single benefit who have an adult depen-

Class	Numbers in thousands		
	Men	Women	Total
I. Employed persons.....	13,350	4,750	18,100
II. Others gainfully occupied.....	2,150	450	2,600
III. Housewives, including those gainfully occupied.....		9,650	9,650
IV. Other persons of working age.....	1,000	1,250	2,250
V. Children under 15, or 15-16 at school.....	5,150	4,950	10,100
VI. Persons above working age who have retired.....	1,200	3,600	4,800
	22,850	24,650	47,500

3. Weekly rates of contributions, including those for industrial injury insurance, are given below, with Sir William Beveridge's proposals in italics for comparison:

Self-employed persons will not receive sickness benefit during first four weeks of illness, and will not be eligible for unemployment benefit.

	Class I			Class II	Class IV
	Insured Person	Employer	Total		
	s. d.	s. d.	s. d.	s. d.	s. d.
MEN—					
Aged 18 and over.....	3 10	3 1	6 11	4 2	3 4
21 and over*.....	4 3	3 3	7 6	4 3	3 9
Between 16 and 18.....	2 5	2 1	4 6	2 9	2 2
	2 6	2 6	5 0	2 0	1 6
WOMEN—					
Aged 18 and over.....	3 0	2 5	5 5	3 6	2 8
21 and over*.....	3 6	2 6	6 0	3 9	3 0
Between 16 and 18.....	2 0	1 7	3 7	2 5	1 10
	2 0	2 0	4 0	2 0	1 6

* The Beveridge Report proposed three groups—16-18; 18-21; and over 21.

4. The following is a summary of the principal benefits proposed:

Family allowances of 5s. a week for second and subsequent children. Where the parent is in receipt of benefit, the first child will be included. Services in kind, including school meals and milk, to be extended.

Orphan's allowances of 12s. a week for each orphan.

Sickness and unemployment benefit of 40s. a week for a married couple, 24s. for a single person. After

Retirement pensions at standard rate of 35s. for a married couple and 20s. for a single person. Minimum retiring age of 65 for men, and 60 for women, but joint pensions payable from date when husband qualifies. Pensions will be increased by 2s. a week (joint) and 1s. (single) for each year by which retirement is postponed beyond pensionable age.

Maternity Grant of £4. Maternity benefit of 36s. a week for gainfully occupied women for 13 weeks, provided the occupation is given up.

Attendance allowance of £1 a week for 4 weeks for married women not eligible for maternity benefit.

Widow's benefit of 36s. a week for 13 weeks, with 5s. per week added for first child, for widows under 60. Guardian's benefit of 24s. a week if there is a dependent child. Widow's pension of 20s. a week for widows

The main benefit rates are summarized as follows:

	Sickness Benefit	Invalidity Benefit	Unem- ployment Benefit	Retirement Pension
	s. d.	s. d.	s. d.	s. d.
Single man or woman.....				
Married man with gainfully occupied wife.....	24 0	20 0	24 0	20 0
Married man with wife not gainfully occupied.....	40 0	35 0	40 0	35 0
Married woman, gainfully occupied.....	16 0	16 0	20 0	20 0
Dependant's allowance, where payable.....	16 0	15 0	16 0	

(The standard rates of sickness and unemployment benefit are the same as in the Beveridge plan, except that the duration was unlimited and except for the condition of compulsory attendance at training centre. Retirement pensions of 25s. for a couple and 14s. for a single person in first year rising to 40s. and 24s. respectively after 20 years.)

5. National assistance will be available to all who can prove need.

The estimated expenditure (excluding workmen's compensation) over the next 30 years will be as follows:

(£ millions)

	1945	1955	1965	1975
<i>Social Insurance Benefits—</i>				
Retirement pensions.....	169	203	272	324
Widows' and guardians' benefits.....	34	41	40	36
Unemployment benefit.....	87	87	85	80
Sickness and invalidity benefit.....	55	66	68	65
Maternity grant and benefits.....	9	8	8	7
Death grant.....	4	7	11	14
Cost of administration.....	16	16	16	16
Total.....	374	428	500	542
<i>National Assistance—</i>				
Assistance pension.....	37	41	39	37
Unemployment assistance.....	22	22	21	20
Other assistance.....	6	6	6	6
Cost of administration.....	4	4	4	4
Total.....	69	73	70	67
<i>Family Allowances—</i>				
Allowances.....	57	58	54	50
Cost of administration.....	2	2	2	2
Total.....	59	60	56	52
<i>Health Service.....</i>	148	170	170	170
Total Expenditure.....	650	731	796	831

of 50 or over at the time when the husband dies or children cease to be dependent, provided 10 years have elapsed since marriage.

Death grant of £20 for person over 18, £15 between 6 and 18, £10 between 3 and 6, and £6 under 3 years of age.

6. The administration of the scheme will be the responsibility of a Ministry of Social Insurance. The administration of Assistance will be kept separate, though the Minister of Social Insurance will be responsible to Parliament for both. Approved Societies will not be retained either as independent financial units or as agents for the administration of the scheme.

7. Financial aspects.

Estimated income over the same period will be:

	1945	1955	1965	1975
Receipts from contributions of insured persons and employers	283	280	275	259
Interest on existing funds	15	15	15	15
Balance of expenditure, to be met from Exchequer (or local rates)	352	436	506	557
Total income	650	731	796	831

The total cost of the Beveridge proposals was estimated at £697 million in 1945, rising to £858 million in 1965, owing to the increase in the cost of retirement pensions from £126 million to £300 million. Under the Beveridge plan, social insurance benefits would amount in 1945 to £367 million, national assistance £47 million, family allowances £113 million, and health service to £170 million. Total costs of administration amounted to £24 million.

The total cost of the present social insurance system is £411 million, made up as follows: Pension benefits £177 million; unemployment, £87 million; sickness, £30 million; health service, £80 million; public assistance, £15 million; children's benefits, £4 million; administration, £18 million.

A comparative statement of estimated income gives the following result:

contributions are included in the main Social Insurance contributions listed above.)

The scheme will be administered by the Ministry of Social Insurance, with the advice of an Advisory Council composed equally of employers' and workers' representatives.

Claims will be dealt with by a Pensions Officer, subject to appeal to local tribunals, on which employers and workers will be represented, and further right of appeal to an Industrial Injury Insurance Commissioner, whose decision will be final.

Disablement benefits will be at uniform flat rates for first 13 weeks of incapacity, to be replaced by an industrial pension, supplemented by a special allowance if the pensioner is unemployable. Allowances will be given for family responsibilities.

Industrial pension will not be based on loss of earnings, but on the degree of disablement due to the injury,

	Under Present Social Insurance Schemes and Allied Services		Under Government Proposals	
	£ Millions	Per-centages	£ Millions	Per-centages
Receipts from contributions of insured persons and employers	136	32	283	44
Interest on existing funds	15	3	15	2
Expenditure to be met from Exchequer (or local rates)	278	65	352	54
	429*	100	650	100

* This discrepancy between this figure and £411 millions above is mainly due to the changes in the financial position of the unemployment scheme.

8. Workmen's Compensation: Industrial Injury Insurance will be treated as a social service. The scheme will be comprehensive in scope, and will apply to industrial accidents and specified industrial diseases. Liability will be placed on a central fund out of which all benefits and administrative charges will be paid.

The weekly rate of contributions will be 6d. for adult men and 4d. for women, shared equally between employer and workman, with half the amount for juveniles, with a contribution from the Exchequer. Benefits will not depend on a contribution qualification. (These

which will be assessed by a medical board. No provision will be made for commutation of pension by lump sum payment.

In fatal cases, the widow will receive temporary benefit under the general scheme (36s.) for 13 weeks; this will be followed by a pension of 30s. a week if she is 50 years or over, has dependent children or is incapable of self-support, and 20s. a week for other widows, with allowances in respect of dependants.

The rates of injury allowance and disablement pension proposed, compared with existing scheme and Beveridge plan, are summarized below:

(1)	Government Proposals			Workmen's Compensation Acts			Beveridge Plan	
	Injury allowance during incapacity for work (first 13 weeks) (2)	Injury allowance after 13 weeks and pension rate for 100% disablement (3)	Pension, if 100% disabled and unemployed (4)	Pre-war (5)	With war increases		Disability Benefit (first 13 weeks) (8)	Industrial Pension (after 13 weeks) (9)
					First 13 weeks (6)	After 13 weeks (7)		
(a) Single man or woman without dependant	s. d. 35 0	s. d. 40 0	s. d. 50 0	s. d. earnings 30 0 max.	s. d. 35 0 max. (limit of 3rds earnings)	s. d. 40 0 max. (limit of 3rds earnings)	s. d. 24 0	s. d. 3rds earnings 60s max. (minimum as in col. 8)
(b) Single man or woman with adult dependant	43 9	50 0	60 0				40 0	
(c) Married man	43 9	50 0	60 0		40 0 max. (limit of 3rds earnings)	50 0 max. (limit of 3rds earnings)	40 0*	3rds earnings + 8s. 68s. max. (Minimum as in col. 8.)
(d) Married man and first child	48 9	57 6	67 6		45 0 max. (limit of 3rds earnings)	55 0 max. (limit of 3rds earnings)	48 0*	

The rates in Cols. 3 and 4 may be increased by an allowance up to 20s. where constant attendance on the workman is necessary on account of the injury.

*Subject to wife not being gainfully occupied.

